

DOCUMENT RESUME

ED 263 330

CE 042 787

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TITLE Curriculum Guidelines for Post Basic Nursing Education Programs.
SPONS AGENCY British Columbia Dept. of Education, Victoria.
REPORT NO Post-Secondary Dept.
PUB DATE ISBN-0-7726-0320-0
NOTE 85
PUB TYPE 124p.
GUIDES - Non-Classroom Use (055)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Clinical Experience; *Course Content; *Course Organization; *Curriculum Development; *Educational Resources; Foreign Countries; Guidelines; *Nursing Education; Postsecondary Education; Program Development; State Curriculum Guides
IDENTIFIERS *British Columbia

ABSTRACT

This report presents guidelines that can be used in the development of post basic clinical nursing programs in British Columbia. It is presented in four sections. The first section contains the curriculum guidelines, preceded by an outline of the perspective from which they were developed. The second section is devoted to a presentation of some of the issues that are associated with the current and future development of post basic clinical nursing programs. The third section contains the interim report that was prepared at the conclusion of the first phase of this project. (This first phase involved a literature review related to nursing theory, curriculum development in nursing, post basic nursing education programs and clinical competence, and a review of 17 post basic clinical specialty programs.) The fourth section of the report contains: (1) a selected bibliography of references to books and articles concerned with nursing theory, nursing education, curriculum development, and related subjects; (2) program reviews from a number of colleges; and (3) an overview of post basic programs. (KC)

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CURRICULUM GUIDELINES
FOR
POST BASIC NURSING EDUCATION PROGRAMS

Prepared by
Katherine McLaughlin
for the
Province of British Columbia
Ministry of Education
Post-Secondary Department
1985

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CE042787

Canadian Cataloguing in Publication Data

McLaughlin, Kathie.

Curriculum guidelines for post basic nursing
education programs

Bibliography: p.

ISBN 0-7726-0320-0

1. Nursing - Study and teaching (Continuing
education) - British Columbia. 2. Nurse practi-
tioners. I. British Columbia. Ministry of
Education. Post-secondary Dept. II. Title.

RT82.8.M34 1985 610.73'07'15 C85-092153-8

**The Ministry of Education wishes to acknowledge the contribution of the
Steering Committee, Post Basic Nursing Education Project in the develop-
ment of this document.**

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INTRODUCTION

"Theories without practices, like a man without routes, may be empty; but practices without maps, are blind." Gertzels, 1960

This report represents an attempt to construct a "map" which can be used to guide the development of post basic clinical nursing programs in British Columbia. It is presented in four sections.

The first section contains the curriculum guidelines preceded by an outline of the perspective from which they were developed. These guidelines have been designed to give sponsors of post basic clinical nursing programs guidance in the process of program development. Every effort has been made to develop them to reflect the application of knowledge derived from theory related to nursing, to education and to nursing education.

The second section is devoted to a presentation of some of the issues which are associated with the current and future development of post basic clinical nursing programs. It is hoped that the profession, educators and employers will discuss these issues. It is only with discussion of these and related issues that the nursing education programs can be made more effective and be developed and delivered more efficiently.

The third section contains the interim report which was prepared at the conclusion of the first phase of this project. The first phase of the project involved a literature review related to nursing theory, curriculum development in nursing, post basic nursing education programs and clinical competence. This was followed by a review of seventeen post basic clinical specialty programs using the submission to the Continuing Education Approvals Committee of the Registered Nurses Association of British Columbia or materials submitted by program sponsors. The findings related to the above reviews led to the recommendation that curriculum guidelines be developed for post basic nursing education programs.

The fourth section contains a selected bibliography which program developers may find helpful. There are references to books and articles concerned with nursing theory, nursing education, curriculum development and related subjects.

THE CURRICULUM GUIDELINES

PREAMBLE TO THE CURRICULUM GUIDELINES

The curriculum guidelines presented in this report have been developed in response to the instruction to

"Develop a curriculum framework which will:

- a) Articulate with basic diploma nursing education programs.
- b) Adapt to a variety of settings and delivery modes.
- c) Specify pre-requisites for entry into a clinical specialty program.
- d) Specify curriculum guidelines."

A. PROGRAM ARTICULATION

1) The Concept of Articulation

The dictionary defines articulation as "a jointing or being jointed, the way in which parts are joined together" and articulated as "arranged in connected sequence; fit together". Program articulation can be thought of as "building upon previously learned content" (Stevens 1981, 700). Thus if post basic programs are to articulate with basic diploma nursing education programs, they would build on content learned in the latter programs. This implies that there exists "a general body of lower-level, related knowledge" (Stevens 1981, 700) and leads to the question do nurses entering post basic programs come with a "basic armament of common learning" upon which post basic programs can build? (Simmons 1979, 21). Answers to this question may be found in reviewing curricula of basic diploma programs and in a brief look at the profiles of students entering post basic programs.

2) Curricula of Basic Diploma Programs

The basic nursing programs have the common goal of preparing beginning nursing practitioners eligible to write the registration examination set by the Canadian Nurses Association Testing Service. The setting of such an examination implies a general body of knowledge is common to nursing programs whose graduates are expected to pass such an exam-

ination. This examination, however, is only meant to determine if a practitioner is safe to practice, and it does not purport to test the entire knowledge component of nursing programs.

The curricula of the programs indicates that the knowledge component, the manner in which this knowledge is organized for presentation to students, the actual presentation, the depth to which various topics are considered, and to a certain extent the topics themselves vary from program to program. In addition, programs have undergone frequent and major revisions as they moved from hospital to education settings, and in response to advances in knowledge and technology within the health fields. Consequently, the educational experience of each student entering a post basic clinical program varies widely.

The Registered Nurses Association of British Columbia has circulated an interim working document which outlines competencies and skills required for nurse registration for a graduate of a basic program. This document is intended as a source of information for faculty in nursing programs and for employees of new graduates of basic programs. This document was reviewed to identify points of articulation between basic and post basic programs.

3) Profiles of Students

Students entering post basic specialty programs have obtained their basic nursing preparation in diverse educational institutions and clinical settings, and have profited from a variety of educational experiences in addition to their basic nursing program. Students present with work experiences which may vary in length, setting and complexity. Undoubtedly, a knowledge and skill base exists which is common to all, but one must ask at what point on the continuum will this be found?

4) Articulation and the Proposed Curriculum Framework

Mastery of a knowledge base related to nursing, physical and behavioral sciences is assumed to be integral to the practice of nursing as is

the efficient execution of certain psychomotor skills. Insofar as is possible, post basic programs should address knowledge and skill beyond that expected of graduates with a work experience. It is proposed that post basic programs should not repeat content currently included in basic programs. To achieve this goal, objectives which students should be able to meet on entry to a post basic program have been stated as prerequisites. The procedure an institution uses to provide students with an opportunity to meet these objectives, or to determine if students can meet the objectives would be a decision of the institution offering a post basic program. It is recognized that some students would have to up-grade their knowledge and skill base prior to beginning the specialty program, but this up-grading should not be considered as part of the post-basic program.

B. ADAPTATION TO A VARIETY OF SETTINGS AND DELIVERY MODES

1) Behaviors Expected Upon Completion of a Post Basic Clinical Program

In reviewing post basic nursing specialty programs developed to date, (Interim Report) observing nurses at work in specialty areas, and reviewing literature related to advanced clinical practice (Appendix A), it appeared that many nursing behaviors and much of the knowledge and skill required were common to all clinical situations, and some knowledge and skill was peculiar to the particular clinical setting. The overwhelming impression, however, was that the nursing behaviors required were more similar than dissimilar. This has made it possible to develop objectives which can apply across programs. The objectives identified describe behaviors required of nurses who have completed a post basic clinical specialty program. The clinical context in which students would be expected to demonstrate achievement of these objectives would determine the specific content to be mastered.

2) Integration or Intraprogram Articulation

The curriculum framework which is proposed has been developed in such

a way as to allow individual institutions implementing it to choose whether they wish to employ integration or intraprogram articulation in the design of their individual programs. These two concepts are discussed below. Undoubtedly the supporters of either concept can provide arguments which are logically compelling. Support related to the educational advantages or to the economic advantages of either is more elusive.

a. Integration

If programs are considered to be made up of two or more courses, the majority of post basic programs currently offered are courses rather than programs. These courses may be divided into sections, and in some cases two courses are offered in sequence. Each course is an entity unto itself incorporating nursing theory, physical and behavioral sciences, management, organizational concepts, leadership skills, and content related to professional behavior. This type of programming demonstrates integration. The proponents of such a plan argue that this approach maximizes the "teachable moment" in that the student is exposed to non-nursing content in relation to nursing practice thereby making this content more meaningful to the student. Only concepts directly related to the practice of nursing are included.

b. Intraprogram Articulation

If an agency is offering more than one post basic clinical specialty program or is allowing for transfer of students between one agency and another at the post basic level, there may be merit in looking at implementing intraprogram articulation rather than integration. If such were the case, objectives would be levelled horizontally through several courses as well as vertically. Content common to more than one post basic specialty such as leadership, management, use of a conceptual framework to guide nursing practice and so on could then be offered in appropriate courses which would be available to students in several specialty programs. Students could be counselled to take courses which would be appropriate to their individual backgrounds and their individual career goals.

CURRICULUM GUIDELINES

A. Introduction

The curriculum guidelines which follow include general guidelines for program development and an outline of objectives which have been developed specifying prerequisites and two levels within the actual program. The term prerequisites has been intended as meaning prerequisite to actually beginning the portion of the program which concentrates on a clinical specialty. In many of the current programs some of these objectives are addressed in the directed independent study which students pursue in the first few weeks of a program. Some of the objectives may be addressed through specific courses students are required to take. The sponsoring agency may choose to incorporate these "prerequisite objectives" into the actual program or have students demonstrate achievement of them prior to beginning the clinical specialty. The goal of separating them out is to reduce, as much as possible, repetition of content from the basic programs. Additional levelling of all of the objectives would be required to bring them to the instructional level relative to the clinical context of the individual post basic program.

General content to be addressed in achieving the objectives has been identified. However, each program must specify the content derived from the specific nursing practice model, the clinical population, and the practice area of concern.

B. General Guidelines for Program Development

In developing any post basic clinical specialty nursing program consideration should be given to direction nursing theory may give to the definition of a nursing specialty. Consideration should also be given to identifying if and how the program relates to and articulates with basic nursing education programs, with other clinical specialty nursing programs being offered by the sponsoring agency, with other such programs being offered in the community, and with similar programs being offered in the community, and with similar programs being offered at a higher academic level. In the past it has not been uncommon for post basic

specialty programs to arise because of employers requirements for nurses to acquire certain knowledge and skill to enable them to staff certain areas. The definition of specialty from this perspective is not necessarily the most advantageous for either the nurse, the employer or the educational institution involved. Post-basic clinical specialty programs in nursing should not be developed in isolation but in relation to the discipline of nursing, other nursing education programs, and general education courses available.

Institutions offering or considering offering courses or programs related to more than one post basic clinical specialty should develop an overall curriculum design which considers the relationship of the courses or programs to each other. To the extent that it is feasible and practical programs should share support courses and materials which are common to the programs. Programs in different institutions, but in the same geographical area, could consider sharing support courses. All programs should consider if suitable support courses are available through distance education methods and take advantage of these.

Exchange of curriculum materials between programs should be encouraged. This may help to defray some of the costs associated with development, and would undoubtedly help programs to avoid mistakes others have made. The suggestion that program materials be shared is not meant as a deterrent to creativity and innovation. Hopefully, as materials are shared they will be improved upon while serving as the foundation for better programs.

In determining ways in which students can be helped to meet the pre-requisite objectives, consideration should be given to having students enrol in or audit courses or portion of courses offered in basic nursing programs. Courses may also be available through other educational resources in the community such as community colleges, the Knowledge Network, the Open Learning Institute, continuing education departments of local school boards, and so on. All such avenues should be explored before developing new courses.

C. Beginning the Process of Curriculum Development

The process of curriculum development in nursing is one which has been

extensively written about in the nursing literature. The bibliography included in this report contains items pertinent to this topic. Course developers should make themselves familiar with current literature about curriculum development generally, and in nursing particularly.

Curriculum development in nursing is complicated by the state of infancy of the development and organization of nursing knowledge. Persons outside of the field of nursing or new to program development in nursing may not always realize the problems encountered because of this lack of development and organization. One such problem is the lack of textbooks and resource materials written from a nursing perspective. Another problem is the lack of consensus about the concerns of nursing, the role of the nurse in addressing those concerns and the educational preparation required to help the nurse to fulfill that role.

Until recently, it was necessary for each program to develop its own conceptualization of the concerns of nursing and their relationship to each other and to the nurse. However, the literature now contains descriptions of several such models. Many of these models have been used by a variety of nurses and modified on the basis of their experience. Research has been conducted related to the assumptions of these models and to help to clarify and refine their concepts. It is no longer necessary nor practical for each program to develop its own model. Programs should be encouraged to use nursing practice models which are continually being developed and refined with these developments being reported in the literature. Use of such practice models may also facilitate sharing of program materials between various institutions.

Selecting a nursing practice model entails studying the assumptions underlying the various models, the models themselves, and choosing one with which the majority of the faculty of the program concur. At present, it is inappropriate to state that one model is better than another or more appropriate for a specific clinical area than another. The same nursing practice model should be used for all programs offered by any one institution. This facilitates the development and sharing of course materials, as well as consistency and congruency from one course to another, and from one learning experience to another.

D. The Components of a Curriculum for a Nursing Program

A statement of philosophy should be developed which is consistent with the philosophy of the sponsoring agency and with the practice model selected. This statement gives guidance to the development of program objectives, prerequisite requirements, the nursing courses, learning experiences, teaching strategies and evaluation measures.

The following components should be developed for post basic specialty nursing programs:

1. A clearly defined statement of purpose which includes a description of the functional level of the graduate of the program.
2. A statement of the philosophy of nursing education.
3. A description of the conceptual framework of the program including the model for nursing practice.
4. The program objectives.
5. The curriculum design.
6. The content and learning experiences.
7. The design for evaluation of student achievement.
8. The design for program evaluation.

E. THE PROGRAM OBJECTIVES

The program objectives which follow have been developed for post basic clinical specialty nursing programs which students would ordinarily take following a basic or diploma nursing program. These programs are not to be confused with clinical specialty programs of the master's level, which have as their goal the preparation of students with a much broader understanding of nursing and a more in-depth understanding of the specialty itself. The foundations of each of these programs

are vastly different, the length of the programs are not comparable, and the graduates of these programs are different. Research looking at the differences in behaviour of graduates of nurse practitioner programs and nurse practitioner programs at the master's level suggest that the latter perform more activities related to assessment and management as well as appearing to benefit more from experience over time. (Glascock, Webster-Stratton, McCarthy 1985).

Six major program objectives have been identified which describe behaviors expected of graduates of any post basic specialty nursing program. These program objectives are broad and should be used by programs as guides when determining objectives for individual programs. Programs may choose to use them exactly as stated, or modify them to reflect the individuality of the program.

It may be necessary for programs to develop objectives that are not stated. For instance, no objective has been developed relative to working with groups. This omission has been deliberate as in reviewing the programs, although reference may be made to working with groups, interventions were primarily at the level of the individual. Nursing practice models vary in the extent and manner of dealing with groups. Some give specific direction for working with groups, and in others the articulation between theory related to groups and the model is in a very preliminary stage. In developing objectives related to groups, programs will have to consider in some detail the manner in which they conceptualize the group - for instance as a whole greater than its parts, as a collection of individuals, as a system related to larger and smaller systems, and so on. A nursing model should not be rejected because it does not give direction for working with groups, nor should it be accepted on that basis alone. However, faculty should be aware of the work they may have to do to clarify the articulation between group theory or family theory and the nursing model.

The major program objectives have been expressed in three levels identifying cognitive, affective, and psychomotor behaviors for each of the levels. Programs may choose not to separate their objectives into the three levels and three behavior domains. However, care should be taken to ensure that all of the behaviors described in these guidelines have

been considered and are included.

The first level describes the behaviors which all students should be able to demonstrate prior to beginning the study pertinent to the clinical specialty. Much of the content supporting these objectives is currently addressed through a period of directed independent study which occurs in the first few weeks of many of the currently established programs. Programs may wish to use support courses which currently exist in nursing or non-nursing divisions to enable students to obtain the background necessary to meet the objectives at the level which they specify. Examples of such courses may include psychology, sociology, anthropology, pathophysiology, and some of the nursing courses including bridging or refresher type courses in which students learn to implement the particular practice model being used in the post basic program. Programs may wish to incorporate additional objectives in this section and should feel free to do so.

The programs are to be commended for the manner in which they have attempted to provide opportunities for students to maintain employment while pursuing their academic studies during this phase. Offering the students the option of part-time study and self-pacing is important in encouraging students to begin post-basic study.

The second level describes the behaviors the student is expected to demonstrate in a clinical setting. These objectives have been developed from a process perspective. The particular content and learning experience would derive from the clinical population and be consistent with the conceptual framework specified by the program, one component of which would be the model for nursing practice. Again offering the students the option of part-time study and self-pacing is important.

The third level describes behaviors related to the integration and application of the previous course content. These behaviours have been separated out in the hopes that programs will be creative in designing learning experiences which will assist students to achieve these objectives. In many programs a preceptorship period is included as the learning experience. There may be other alternatives.

The division of the objectives into cognitive, affective, and psychomotor has been deliberate to encourage program developers to consider all of these behavior domains in each of their objectives. Programs may choose not to follow this format, and it would not be expected that this format be followed through in the further development and levelling of the objectives which is required to implement a program. The following description of the domains is consistent with Gonlund (1978). It should be noted that the domains are not mutually exclusive. That is, the cognitive domain has psychomotor and affective components, the affective domain has cognitive and psychomotor components, and the psychomotor domain has cognitive and affective components.

The cognitive domain is related to knowing in the broadest sense. It refers to intellectual outcomes, knowledge, understanding and thinking skills. Objectives related to knowledge, comprehension, application, analysis, synthesis and evaluation are included in this domain.

The affective domain is related to feelings and emotions. Objectives related to receiving, responding, valuing, organization of values, and characterizing action by a value complex are included.

- The psychomotor domain is related to the motor effects of mental processes. It includes not only motor skill, but also action related to cognitive and affective objectives. Objectives related to perception, set, guided response, habituation of learned response, complex overt response, adaptation and creating of new patterns.

PROGRAM OBJECTIVE 1. APPLIES KNOWLEDGE FROM PHYSICAL, BEHAVIORAL
AND NURSING SCIENCES IN THE PRACTICE OF NURSING

CONTENT

The specific content related to this objective will be derived from the model for nursing practice, the clinical population concerned and the practice setting. In general, the areas to be addressed include:

The contribution the use of a model can make to the practice of nursing.

The concepts of the particular model and their relationships to each other.

The direction the model gives to nursing process.

The knowledge derived from the physical and behavioral sciences which are an integral part of the practice of nursing with a specific population or in a particular clinical setting.

The knowledge derived from nursing theory which can be applied in the practice of nursing with a specific population or in a particular clinical setting.

The skills which are required to practice nursing using a particular model and with a specific population or in a particular clinical setting.

Evaluating and improving own nursing practice.

APPLIES KNOWLEDGE FROM PHYSICAL, BEHAVIORAL AND NURSING SCIENCES IN THE PRACTICE OF NURSING

PREREQUISITES - LEVEL I

COGNITIVE

1. Describes concepts basic to model or conceptual framework which are currently giving guidance to own nursing practice.
2. Describes in own words the following body processes
 - (a) circulation of body fluids
 - (b) respiration
 - (c) maintenance of fluid and electrolyte balance
 - (d) maintenance of acid-base balance
 - (e) immune response
 - (f) inflammatory response
 - (g) cell regeneration
 - (h) control by endocrine system
 - (i) sensory and motor responses
 - (j) digestion
 - (k) metabolism
 - (l) reproduction
 - (m) maintenance of blood components
3. Describes how the above processes are modified by age.
4. Describes how specified pathology can affect the above body processes.
5. Explains ways in which drugs are used to alter body processes.
6. Identifies theories which are helpful to nurses in understanding behavioral changes occurring throughout the lifespan.
7. Identifies current theories about families which can be helpful to nurses in their practice.

AFFECTIVE

1. Appreciates relationship between level of knowledge and quality of nursing practice.
2. Appreciates the usefulness of a model in giving direction to nursing practice.

PSYCHOMOTOR

1. Demonstrates acquisition of basic nursing skills.

PROGRAM OBJECTIVES - LEVEL II

COGNITIVE

FOR A SPECIFIED CLINICAL POPULATION OR CLINICAL SETTING AND CONSISTENT WITH THE MODEL OR CONCEPTUAL FRAMEWORK SPECIFIED THE NURSE WILL BE ABLE TO DO

1. Identify the procedure (process) to be followed in the practice of nursing.
2. Demonstrate application of knowledge from nursing, physical and behavioral sciences in collecting data relative to nursing.
3. Apply knowledge from nursing, physical and behavioral sciences to interpret data to determine the requirement for nursing.
4. Apply knowledge from nursing, physical and behavioral sciences to determine a variety of nursing interventions.
5. Establish criteria for evaluating the effectiveness of nursing.
6. Evaluate effectiveness of nursing practice according to defined criteria.
7. Modify nursing practice in a specific situation based on the results of evaluation.

AFFECTIVE

1. Recognizes relationship between level of knowledge and quality of nursing practice.
2. Uses a specified model or conceptual framework for nursing to give direction to nursing practice.

PSYCHOMOTOR

1. Identifies skills required in a specific situation
2. Demonstrates acquisition of skills required by specific clinical situation.
3. Implements nursing interventions as designed for specific patients.
4. Implements revised plan for nursing interventions.

PROGRAM OBJECTIVES - LEVEL III

COGNITIVE

1. Critically analyzes own nursing practice.
2. Develops a plan for continuing growth in nursing knowledge.
3. Recognizes ways in which the process being used in nursing practice is or should be modified dependent on the clinical situation.

AFFECTIVE

1. Consistently uses knowledge base in decision making.
2. Consistently takes direction from specified model or conceptual framework in nursing practice.

PSYCHOMOTOR

1. Modifies execution of nursing procedure as required by clinical situation.
2. Originates procedural strategies.

PROGRAM OBJECTIVE 2: DEMONSTRATES INTERPERSONAL COMPETENCE IN NURSING PRACTICE

The development of this objective has relied heavily on the thesis developed in the article by Chris R. Kasch which was published in ADVANCES IN NURSING SCIENCE January, 1984, titled "Interpersonal Competence and Communication in the Delivery of Nursing Care". In the article Kasch proposes that

"a theory of interpersonal competence helps to elaborate how communication works to accomplish the goals of the nursing process Communication provides a resource that caregivers can use to accomplish the interpersonal and instrumental goals of the nursing process" (p.77)

By utilizing this perspective, particularly in development of the objectives related to levels II and III it has been possible to develop the objective without reflecting any one particular communication model, and to identify behaviors which are beyond those expected in a basic program at this point in time. This perspective allows for the incorporation of the social and interpersonal aspects of the nurse client relationship. It also incorporates an information sharing component under the instructional function of communication.

CONTENT

The specific content related to this objective will be consistent with the model for nursing practice, the requirements of the clinical population and the practice setting concerned. In general the areas to be addressed include:

Basic communication skills

Interpersonal aspects of the nurse client relationship

Social aspects of the nurse client relationship

The origins of beliefs, attitudes and values and influence in behavior

The unique response of the individual to illness

Verbal strategies and the functions of communication

DEMONSTRATES INTERPERSONAL COMPETENCE IN NURSING PRACTICE

PREREQUISITES - LEVEL I

COGNITIVE

1. Identifies communicative skills and skills related to social interaction as components of interpersonal competence.
2. Describes own inferences about a person, situation or the inferences of other persons.
3. Describes the relationship between the culture, environment and health related behaviors.
4. Analyzes interactions with clients to identify the use of the following basic communication skills:
 - a) listening
 - b) self-disclosure
 - c) expressing
5. Describes blocks to:
 - a) listening
 - b) self-disclosure
6. Uses self-evaluation techniques to analyse messages for inconsistency.
7. Monitors communications with clients to ensure consistency between verbal messages, attitudes and feelings.
8. Communicates messages which meet the following criteria:
 - a) basis for message is clearly identified as fact, observation, hearsay or the written word.
 - b) inferences and conclusions are clearly identified and expressed.

PROGRAM OBJECTIVES - LEVEL II

COGNITIVE

1. Constructs the viewpoint of other participants in client situations by:
 - a) Making an effort to understand how another thinks.
 - b) Recognizing the existence of personal needs and affective states.
 - c) Differentiating between personal view of a situation and the view of another person.
 - d) Ceasing evaluating beliefs and actions of others from own personal point of view.
 - e) Recognize individuals adapt to demands of illness in a broad variety of ways.
2. Develops a repertoire of verbal strategies to accomplish the basic communicative functions:
 - a) Regulative (control of environment and regulate individual behaviour).
 - b) Relational (establishing, managing and altering relational contract between two people).
 - c) Identify (presentation of self and control and management of identities in interaction).
 - d) Instructional (using language to convey information).

PROGRAM OBJECTIVES - LEVEL III

COGNITIVE

1. Analyzes interpersonal situations to determine own effectiveness in constructing viewpoint of the client.
2. Expands repertoire of verbal strategies to accomplish basic communicative functions.

DEMONSTRATES INTERPERSONAL COMPETENCE IN NURSING PRACTICE (continued)

c) feelings are expressed without blame or judgement.

9. Employs techniques of clarification appropriately in communication process.
10. Uses understanding of body language in interpreting messages from clients.

AFFECTIVE

1. Recognizes extent to which own value system influences communication with client.
2. Consistently maintains a helping relationship in interaction with clients.
3. Appreciates the influence that culture and environment have on health related beliefs and behaviors.

PSYCHOMOTOR

1. Uses understanding of body language in sending messages to clients.
2. Communicates feelings of concern through facial expression, tone of voice, choice of words, posture and gestures.

AFFECTIVE

1. Demonstrates valuing of the social and interpersonal aspects of the nurse client relationship.
2. Accepts the uniqueness of individuals response to the demands of illness.

PSYCHOMOTOR

1. Assess patient perspective and basis for that perspective (attitude, beliefs and values).
2. Demonstrates acceptance of the uniqueness of the individual's response to the demands of illness.
3. Develops skill in constructing and transmitting effective and appropriate messages.
4. Utilizes verbal strategies that consider one or more communicative aims (regulative, relational, identity, instructional).

AFFECTIVE

1. Consistently demonstrates valuing of social and interpersonal aspects of the nurse client relationship.
2. Exchanges routine and ritualized communication behavior for interactions adapted to individual patients.
3. Adapts communication to demands of the situation by negotiating differences in perspectives.

PROGRAM OBJECTIVE 3: DEMONSTRATES AND SUPPORTS EFFECTIVE LEADERSHIP
IN PROMOTING AND MAINTAINING THE HEALTH OF PEOPLE

CONTENT

This objective is concerned with leadership behaviors related to promoting and maintaining the health of people. It is to be differentiated from one which would address the broader perspective of the nurse as a leader in the promotion of professional development of co-workers, or as a leader in establishing an environment for the practice of nursing. In general the areas to be addressed include:

Defining health

Relationship between lifestyle and health

Theory related to leadership

Theory related to change.

Lifestyle and modification of lifestyle

Evaluation of effectiveness of leadership.

DEMONSTRATES AND SUPPORTS EFFECTIVE LEADERSHIP IN PROMOTING AND MAINTAINING THE HEALTH OF PEOPLE

PREREQUISITIES - LEVEL I

COGNITIVE

1. Defines health in a manner which is consistent with the model or conceptual framework selected to direct nursing practice.
2. Describes characteristics of leadership styles.

AFFECTIVE

1. Reads selected material with reference to leadership styles.
2. Appreciates requirement to specify the nature of the relationship between stress and health.

PSYCHOMOTOR

1. Demonstrates various leadership styles in interactions with others.

PROGRAM OBJECTIVES - LEVEL II

COGNITIVE

1. Analyzes own leadership style in interactions with clients and colleagues.
2. Synthesizes knowledge derived from leadership theory and nursing in developing strategies to help people to modify lifestyles as required.

AFFECTIVE

1. Appreciates the reaction of individuals to change.
2. Formulates plans of care which support efforts of clients to promote and maintain own health.

PSYCHOMOTOR

1. Demonstrates leadership in interaction with client promoting change to healthy living as required.

LEVEL III

COGNITIVE

1. Critically analyzes own role in promoting and maintaining the health of people.
2. Applies principles derived from change theory in helping colleagues promote and maintain the health of people.

AFFECTIVE

1. Consistently promotes self-care capabilities of clients.
2. Consistently supports colleagues in promoting self-care capabilities of clients.

PROGAM OBJECTIVE 4: UTILIZES ORGANIZATIONAL SKILLS IN MANAGING OWN
NURSING PRACTICE

CONTENT

This objective is concerned only with the organizational behaviors associated with managing one's own nursing practice. It is not concerned with behaviors associated with managing a group of practitioners in the delivery of nursing. The general content to be addressed includes:

Principles of organization

Planning

Relationship between planning and organization

Time Management

Relationship between organization and quality of nursing practice

Evaluation of organizational abilities.

UTILIZES ORGANIZATIONAL SKILLS IN MANAGING OWN NURSING PRACTICE

PREREQUISITIES - LEVEL I

COGNITIVE

1. Establishes criteria for assessment of organization skill in nursing practice.

AFFECTIVE

1. Is consistently organized in daily nursing activities.

PSYCHOMOTOR

1. Assesses own organization skill in an orderly fashion.

PROGRAM OBJECTIVES - LEVEL II

COGNITIVE

1. Predicts how variables in a new situation may interfere with organization of nursing practice.
2. Develops plan of action for maintaining organization in nursing practice.

AFFECTIVE

1. Chooses to implement plan of action developed to maintain organization in nursing practice.

PSYCHOMOTOR

1. Implements a plan to maintain organization in own nursing practice.

LEVEL III

COGNITIVE

1. Designs protocol for on-going evaluation of own organizational skills.

AFFECTIVE

1. Consistently inter-relates organizational skill and quality of nursing practice.

PSYCHOMOTOR

1. Demonstrates implementation of modifications to action plans to maintain organization.

PROGRAM OBJECTIVE 5: DEMONSTRATES ABILITY TO WORK CO-OPERATIVELY WITHIN
THE HEALTH TEAM IN THE PROVISION OF CARE

CONTENT

The specific role of the nurse is specified by the practice model giving direction to the program. The articulation of the role of the nurse with the roles of other health care workers should be considered when developing the content for individual programs. In general the content should include attention to the following areas:

The concept of co-operation
Role theory
Functioning of small groups
Communication within small groups
Conflict resolution

DEMONSTRATES ABILITY TO WORK CO-OPERATIVELY WITHIN THE HEALTH TEAM IN THE PROVISION OF CARE

PREREQUISITES - LEVEL I

COGNITIVE

1. Describes the role of the nurse within the health team in a manner which is consistent with the model for nursing practice which is being utilized.
2. Exchanges information with other members of the health team in the process of establishing the requirement for nursing.
3. Recognizes situations and client responses that have significance for other members of the health team.

AFFECTIVE

1. Demonstrates behaviors which are consistent with the defined role of the nurse.

PSYCHOMOTOR

1. Demonstrates skill in basic procedures which health team expects of nursing.

PROGRAM OBJECTIVES - LEVEL II

COGNITIVE

1. Analyzes requirements of clinical situation to determine ways in which usual role performance must be adapted.
2. Designs adaptations which meet requirements of clinical situation and are consistent with selected nursing model.

AFFECTIVE

1. Acknowledges values of all members of health team as an influence in behavior.
2. Compares viewpoints in attempting to arrive at a consensus within the health team.

PSYCHOMOTOR

1. Acquires skills as required in changing situations.
2. Assists other health care workers to acquire skills related to their roles.

LEVEL III

COGNITIVE

1. Develops creative solutions to problems interfering with the group process within the health care team.

AFFECTIVE

1. Resolves conflicts within the health care team.
2. Resolves conflicts between the health care team and the client.

PROGRAM OBJECTIVE 6: DEMONSTRATES INDIVIDUAL RESPONSIBILITY AND ACCOUNT-
ABILITY FOR OWN NURSING PRACTICE

CONTENT

The emphasis in this objective is the promotion of individual responsibility. The extent to which this objective is achieved will be largely dependent on the design of the learning experience throughout the program. However, certain content should also be considered. In general, content should include consideration of the following:

Standards for nursing practice established by the profession.

Regulation of nursing practice by law.

Concept of accountability.

Concept of responsibility.

Evaluation of nursing practice from perspective of accountability and responsibility.

DEMONSTRATES INDIVIDUAL RESPONSIBILITY AND ACCOUNTABILITY FOR OWN NURSING PRACTICE

PREREQUISITES - LEVEL I

COGNITIVE

1. Assess own knowledge and skill level against competencies and standards established by the nursing profession.
2. Develops criteria for identifying accountability and responsibility in own nursing practice.

AFFECTIVE

1. Reads publications of professional association and other related literature.

PSYCHOMOTOR

1. Demonstrates competence in basic nursing procedures.

PROGRAM OBJECTIVES - LEVEL II

COGNITIVE

1. Analyzes own nursing practice in terms of accountability and responsibility.
2. Determines knowledge and skill required in a specific situation.
3. Validates results of clinical decision making process with client.

AFFECTIVE

1. Demonstrates accountability and responsibility in role as a student.
2. Discusses value system with regard to nursing practice with colleagues.

PSYCHOMOTOR

1. Acquires skills as required by specific nursing situation.

LEVEL III

COGNITIVE

1. Critically evaluates own nursing practice from point of view of responsibility and accountability.

AFFECTIVE

1. Consistently demonstrates accountability and responsibility in nursing practice.

PSYCHOMOTOR

1. Creates nursing strategies which are consistent with professional practice.

APPLICATION OF THE CURRICULUM FRAMEWORK TO INDIVIDUAL SPECIALTY PROGRAMS

Part 2 of the contract directed that the curriculum framework be applied to individual specialty programs to identify:

- a) Content which is included in basic diploma nursing programs.
- b) Content which is similar in some or all programs.
- c) Content gaps in existing programs

Rather than applying the framework in this manner to existing programs, the specialty areas were reviewed to determine the nature of the practitioner desired and the knowledge and skills required to produce such a practitioner. This information was then combined with the curriculum guidelines to determine if the guidelines were applicable to each of the specialty areas identified. The conclusion that was reached following this exercise was that the guidelines were applicable to each of the specialty areas for which programs currently exist.

The task of identifying content which is included in basic diploma programs proved to be almost impossible. In discussing topics with instructors of post basic programs, the rationale for including topics in their programs seemed to be that either the topic was taught at a more in-depth level in the post basic programs or that the topic had to be included because it was not adequately dealt with in the basic programs. The development of prerequisite objectives was an attempt to discourage duplication of content which properly belonged at the basic level.

When viewing the organization of knowledge and skills required for the specialty areas from a nursing perspective rather than a medical diagnostic or an agency classification perspective, it was possible to identify similarities between many of the programs. Identification of this similarity led to the recommendation in the guidelines that program sponsors consider the relationships between all post basic programs they offer and that programs not be developed in isolation.

The curriculum guidelines as developed, support the organization of

knowledge and skill in post basic programs from the perspective of the practice of nursing. The programs reviewed have not clearly identified organizing centres or have not been consistent in application of identified conceptual frameworks in identifying and organizing content. This makes using the curriculum guidelines to identify content gaps in existing programs difficult without doing a comprehensive evaluation of each of the existing programs. Such an evaluation is beyond the scope of this project.

From discussion with individuals involved in the development and delivery of post basic specialty programs as well as a review of the nature of the product expected, it would appear that the curriculum guidelines as presented can be used by all of the specialty programs currently identified.

ISSUES ASSOCIATED WITH POST BASIC CLINICAL SPECIALTY PROGRAMS

At the time of writing this report, several issues require discussion within the profession of nursing, and between the profession, the education community, and the employers of nurses. Indicators of these issues arose in discussions with program sponsors, teachers and employers of nurses as well as in the workshops which were held to discuss the draft of the proposed objectives. They can be divided into the following general areas; the general structuring of nursing education, the nature and availability of clinical experience, and the organization and delivery of the program.

A. The Structuring of Nursing Education Programs

There are several issues related to the overall structuring of nursing education programs. The first of these is concerned with the definition of post basic. At present the term post basic refers to a program which follows a diploma or a baccalaureate program. The question arises, "Should the current programs be developed as post diploma programs with clinical specialization at the post baccalaureate level being addressed through the graduate program at the level of Master of Science in Nursing?" These streams are currently available. However, there does not seem to be a clear distinction in the minds of educators or employers of the potential differences between a post diploma program and a post baccalaureate program. That a difference does exist has been demonstrated in the research literature (Glascock, Webster-Stratton, and McCarthy 1985). Discussion of this issue and resolution of it may result in clearer direction being given to prospective students as to the programs available to them, functional differences expected upon completion of the programs, and career options available upon completion of the programs. This discussion would also help to clarify in the minds of program developers and employers the differences to be expected of graduates of post diploma programs and post baccalaureate programs.

The second issue is related to the first. It is "What relationship do these post basic programs have to the whole scheme of nursing education within the Province of British Columbia?" Historically these programs appear to have arisen in response to demand by employers for

nurses prepared to work in particular clinical settings. They have developed as individual programs with little consideration being given to their relationship to each other, or their relationship to general education courses. Individual program sponsors, in the course of discussions during the preparation of this report, expressed a desire for these programs to be recognized by degree granting institutions. Is this a reasonable request or is it a desirable avenue to pursue? Perhaps it is timely for the profession, the educators, the employers, and those responsible for funding nursing education to review the current nursing education programs, the needs of the work place, the functional level of the graduates of the various programs and develop and overall scheme for nursing education at the diploma, post diploma, baccalaureate, and post baccalaureate level. Such a scheme would certainly contribute to the stabilization of preparation of practitioners to work in settings such as critical care and similar settings to which students in basic programs have little exposure.

The third issue is also related to the first two. At present, because the post basic programs have arisen in response to the employers requirements to have nurses prepared with certain skills to work in specifically defined areas, the existence of the post basic programs from year to year is dependent on the vagaries of the work place and the number of current vacancies. This interferes with orderly development, planning and supply of suitably prepared practitioners. It is proposed that if the overall scheme for nursing education programs recognized the employers requirements for certain kinds of practitioners, and the nurse educators looked at these requirements from the perspective of current developments in nursing theory, it may be possible to prepare nurses with advanced practice skills from a broader perspective than one specific clinical practice setting. In my review of programs, there appeared to be considerable overlap from one program to another when program content and objectives were viewed from a nursing perspective rather than from the perspective of medical diagnosis and treatment or the requirement of a particular clinical setting. If the practitioners were prepared from the broader nursing perspective, they would have the skills with the in-depth knowledge which would enable them to function in more than one clinical setting requiring post basic nursing practice skills.

The fourth issue which is related to the above but is a broader issue with which the profession is currently concerned is "What constitutes a nursing specialty?" To date, any course material or preparation for a work setting not included in a basic program or minimally addressed in a basic program has come to be considered potential content for a post basic clinical specialty program. In other words, specialization in nursing has been dictated by the requirement for nurses in certain clinical settings to have knowledge and skills which were not adequately addressed in the first level nursing program. Should this situation continue, or should there be a more intellectual and reasoned approach to the definition of a nursing specialty? Should the definition of a nursing specialty come from nursing science rather than from the current nursing employment scene?

B. The Nature and Availability of Clinical Experience

The first issue to be raised with reference to clinical experience is "Are the knowledge and skills required to work in a critical care area or an emergency unit exclusive to that area? Can the objectives of a critical care program only be met by students having experienced exclusively in a critical care unit?" To date, clinical experiences have tended to be restricted to the area for which students were being prepared for employment. If the post basic programs are looked at from a broader perspective than preparation for employment in a specific area, it can be seen that some of the skills required can be learned in a variety of settings. Associated with this issue is the need to differentiate between providing clinical experiences which are sufficient to meet the program objectives and providing clinical experiences which are orientation for employment. There will always be a need for employers to provide for orientation to the work setting. The more complex the work setting, the longer and more intensive the orientation programs will have to be. A post basic clinical program should not be seen as a replacement for orientation.

The next issue being presented has implications for the kind of learning experiences selected in the clinical area and the organization of those experiences. Post basic clinical specialty programs appear to have viewed the requirements for nursing in the clinical specialty as beginning with a broad base and focussing into a progressively

narrower dimension. This has resulted in clinical experiences in some programs being confined to a relatively limited patient population such as critically ill neonates, hospitalized children, critically ill adults in tertiary care hospitals. The suggestion to be considered by the educators is that there are two aspects to the requirement for nursing at the post basic level. One is that of the progressively narrower focus just described and represented by figure 1 below. The other is the requirement for increasing the depth and breadth of nursing knowledge and skills which are applicable across a broad variety of nursing situations and is represented by figure 2 below. In other words, developing the nursing knowledge and skill acquired in the basic programs to an advanced level. This includes teaching the nurses how to analyze a situation to determine the knowledge and skill they would need to function in that situation and how to acquire same. In other words moving nursing education past the "show and tell" phase to one where the nurses learn not only nursing skills for a particular setting, but also skills related to evaluating their own practice, determining learning needs, and how to learn. It is unrealistic to expect basic diploma programs to accomplish this aim in the limited time they have to meet their program objectives.



figure 1

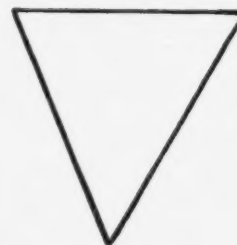


figure 2

The last issue under this heading of clinical experience is concerned with the nature and kind of supervision required by post basic students in the practice setting, the relationship of the nursing staff to the students, and the responsibility that members of any profession have for education of others in that profession. The presence of students in a clinical area always adds to the complexity of the area. However, students do require experience in clinical settings to acquire the knowledge and skills that will enable them to become proficient nurses. The post basic student is different than the basic student and the

nature of the clinical supervision required by these students should be different than that required by basic students. Imagination and development of new strategies for maximizing the learning in the clinical area while reducing the intensity of the supervision is required. Strategies also need to be in place for experienced practitioners in the work setting to share their knowledge and expertise with the students in an organized and structured fashion. Sharing between students and staff can contribute to growth for all concerned.

C. Organization and Delivery of Instruction in Post Basic Programs

The programs are to be commended for their efforts to make their programs accessible to students and their attempts to allow students to continue to work as much as possible while pursuing their studies. Efforts should be continued to develop the programs to incorporate the concepts of part-time study, work-study, independent learning, individual pacing of learning, and individualizing of instruction. The granting of credit for related courses previously taken or related work experiences should also be promoted by the programs.

There is a need to develop and implement programs to test clinical competency. The development of such programs would enable faculty to individualize course requirements and enable students to access programs at other than beginning levels. It would provide information that could assure faculty and service personnel that students were "safe" to practice as students in certain clinical situations. It would provide for a broader base of experiences being available to students to meet the program objectives.

INTERIM REPORT

POST - BASIC NURSING EDUCATION PROJECT

INTRODUCTION

This report pertains to Phase I of the Post-Basic Nursing Education Project. It contains:

1. Recommendations.
2. A description of the procedure followed in Phase I.
3. A summary of findings.
4. Suggestions for future action.
5. An overview of existing programs.
6. A summary of each program reviewed.
7. A selected bibliography.

RECOMMENDATION:

That Phase II of this project be undertaken; the outcome of which would be a proposed framework for curriculum development of post-basic nursing education programs.

PROCEDURE FOLLOWED:

A review of literature related to nursing theory, curriculum development in nursing, post-basic nursing education programs and clinical competence was conducted. A selected bibliography appears in Appendix A.

Seventeen post-basic clinical specialty programs were reviewed using the submissions to the Continuing Education Approvals Committee of the Registered Nurses Association of British Columbia. The following areas were examined in each program:

1. Admission criteria
2. Number of participants
3. Purpose of the program
4. Program objectives
5. Articulations
6. Conceptual framework as stated
7. Topics identified in the course outlined
8. Clinical experience
9. Evaluation
10. Instructional personnel.

These programs were summarized and the summaries reviewed for accuracy by the agency offering the program. Appendix B contains the detailed information for each program.

An overview of the programs based on the summaries was prepared and discussed by the Steering Committee. The overview is presented in Appendix C.

A Summary of Findings was prepared and is presented in the next section of this report followed by suggestions for future development.

SUMMARY OF FINDINGS

Nursing literature over the last fifteen years reflects the increased activity related to theory development and the practice of nursing. This activity has resulted in a certain "degree of sophistication in defining the scope of nursing in such a way as to distinguish it from other health-related occupations especially in terms of specifying the nursing body of theoretical knowledge (Klein 1978). Accompanying this development there has been a gradual movement within nursing for nurses to view the health and illness of man from a nursing perspective as opposed to a medical perspective. This has resulted in a change in the conceptual base available for directing nursing practice, education and research.

The review of the post-basic clinical education programs indicated that the majority of these programs are only beginning to avail themselves of this broadened conceptual base for development of nursing education programs and selection of content. Many of the programs still rely heavily on body systems and the study of specific diseases for the determination of content and selection of learning experiences. Utilization of this base has in part been hindered by the educational preparation of the individuals involved in program development and delivery, but also by the lack of nursing textbooks written from this point of view.

The majority of the post-basic clinical education programs came about because of the requirements of the employers to have nurses prepared with advanced clinical skills to work in specific clinical settings. The patients in these settings were classified by specific medical diagnoses. The topics in the Program Outlines of many of the post-basic programs would indicate that direction for content came from the specific medical diagnoses it was anticipated students would encounter. Whereas the medical point of view is an important consideration, the literature review conducted indicated that nursing now has a view-point of its own, and the use of a nursing model to guide the selection of content can result in a more efficient nursing education program (Flaskerud 1983). Program development in which direction for content and learning

experiences was taken from a nursing model (U.B.C. Long Term Care and Psychiatry) appear to be more efficient, and to allow for sharing of materials across programs.

Another source of direction for content and selection of clinical experiences appeared to be the specific role requirements of the individual setting. In reviewing the programs there appears to be much more similarity than difference in the knowledge and skills identified to fulfill the requirements. This finding is supported in the literature related to the nature of advanced clinical competency as perceived by nurse administrators and educators, and as identified by nurse researchers (Benner 1982): (Kermacks 1981)

All of the programs required some work experience prior to admission except one which indicated applicants may be accepted without experience if found to be satisfactory following an interview with the Program Supervisor. When asked why this requirement existed, the consensus was that nurses needed to have a period of time to consolidate skills, learn to manage an increased work load, and learn to organize their own activities efficiently in relation to patient care. All of the programs contained objectives which indicated that they required students to develop these same skills in relation to the specific clinical setting on which the program concentrated. The literature related to advanced clinical competency refers to the development of perceptual awareness (Benner and Wrubel 1982). The acquisition of a number of maxims which arise out of experience to guide current actions (Benner 1983), and to the ability to view the situation as a whole rather than to see only component parts (Pyles and Stern 1983). Designing learning experiences which will accelerate the process of viewing a patient situation as a whole is a challenge. Some suggestions for doing this are appearing in the literature (Benner and Wrubel 1982: Pyles and Stern).

The requirement of the employer of graduates of post-basic clinical nursing programs for a fully functional employee requiring a minimum period of orientation has, in part, dictated the nature of the clinical experiences in the programs. Ways in which this can be accomplished and still maintain educational efficiency need to be explored.

SUGGESTIONS FOR FUTURE ACTION

The requirements for nursing knowledge and skill for each clinical area should be identified in the literature and by expert practitioners should be studied in greater depth.

A framework for development of post basic nursing education programs incorporating these requirements, but taking direction from a conceptual model for nursing should be developed. Current research related to advanced clinical competence should be utilized for guidance relating to clinical practice.

The utility of this framework for development of specific programs should be evaluated.

A methodology for implementation of the framework should be developed.

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APPENDIX B

DOUGLAS COLLEGE: EMERGENCY

ADMISSION CRITERIA:

Current registration in British Columbia

Cardio-pulmonary resuscitation at Level 1

Letter of recommendation from immediate supervisor indicating satisfactory level of performance using predesigned form.

Demonstrate English language competency.

Personal interview with program co-ordinator.

Guided students - minimum of one year full-time acute care nursing experience in the last two year or equivalency (e.g. 2 years part-time).

Self-directed clinical students who are employed in emergency settings must have a minimum of one year full-time emergency experience in the last two years or equivalency. Equivalency to be assessed by program co-ordinator.

NUMBER OF PARTICIPANTS:

25 (10 guided clinical and 15 self-directed employed).

PURPOSE

To prepare registered nurses to function at an advanced level in a variety of Emergency Care settings with patients of all ages from varied socio-economic and cultural backgrounds. The program content consists of a time oriented approach to assessment and establishment of care for mainly undiagnosed problems at all levels of urgency.

PROGRAM OBJECTIVES

Overall Goals

The graduate of this program will:

1. Provide comprehensive care in an emergency hospital setting where time is a critical factor.
2. Practise confidently and safely in an uncontrolled environment.
3. Exercise judgement in setting priorities.
4. Anticipate and carry out therapeutic measures.
5. Work as a collaborative member of the health team.

6. Act as a liaison between the patient, the hospital and the community
7. Develop the professional role of the Emergency Nurse specialist.

SPECIFIC OBJECTIVES

In the context of the program purpose, the graduate will:

1. Apply the nursing process in the provision of emergency nursing care.
2. Apply communication skills in the practice of emergency nursing.
3. Demonstrate a caring attitude in the delivery of emergency nursing care.
4. Act as an advocate for the patient within the health care system.
5. Demonstrate competence, safety and confidence in performing complex psychomotor skills.
6. Develop, implement and evaluate patient teaching.
7. Collaborate with the physician and other members of the interdisciplinary team in the provision of emergency care.
8. Demonstrate accountability for the standard of recognized emergency nursing practice.
9. Assume a leadership role in the provision of nursing care of the emergency patient.
10. Demonstrate responsibility for own professional development.
11. Communicate the role of the Emergency Nurse specialist to health care providers, patients and the public.

ARTICULATIONS

No specific articulations are specified other than the work experience immediately preceding commencement of the course.

CONCEPTUAL FRAMEWORK

The Statement of Philosophy has been developed by Douglas College faculty. This identifies man as a biopsychosocial being in interaction with his environment with systems common to all men. Man has the responsibility to attain the maximum level of health of which he is capable. Health is defined as the integrated biopsychosocial functioning of man oriented toward maximizing the potential of which the individual is capable, within the environment where she is functioning. It is a continuum.

There is also a Statement of Beliefs about Emergency Nursing. No specific framework for nursing practice is identified, although there is reference made to nurses responding to the needs of individuals and their significance to others.

TOPICS IDENTIFIED IN THE COURSE OUTLINE

This program is presented as a series of eight individual courses. These are listed below with topics identified in each course.

Introduction to Emergency Nursing - 10 hours per week

- philosophy and conceptual framework
- defined competencies of the Douglas College program
- inter-relationship of systems: biological and psychological
- man and the environment
- stages - emergency health services
- emergency health system
- role of the nurse in the system
- nursing process
- problem solving
- levels of urgency
- development responses of different life stages
- socio-economic cultural factors
- stress factors
- time element
- legal considerations
- legal implications of roles and functions of emergency nursing care
- safety to practice
- documentation
- legal aspects physician/nurse
- patients rights

Assessment of the emergency patient - 15 hours per week

- Components of health history
- review of systems
- focused health history
- observation

- interviewing techniques
- cues for potential problems
- communicate data
- problem oriented documentation
- primary survey
- anatomy and physiology
- tools of physical assessment
- problem list
- levels of urgency
- interfering barriers
- nurse assignment priorities of care

Therapeutic Relationships and Crisis Intervention in Emergency Nursing
3½ hours per week

- factors affecting communication process
- attitudes and beliefs
- verbal and non-verbal blockers
- anxiety effect - life stages/development level
- forms of communication
- hospital/ambulance communication
- stress
- inter-disciplinary communication
- guidelines for focussed interview
- focussed interview
- inter-cultural patients
- nursing approach psychiatric patient
- crisis situations
- behaviors - phases of crisis
- general strategies for crisis intervention
- strategies for specific crisis situations
- abusive, disruptive patients
- dependent patient/family
- legal ethical advocacy
- components teaching/learning process

Clinical Application of Emergency Nursing - 15 hours per week for 12 weeks

- supervised experience in which students apply knowledge and skills

of preceeding courses, therapeutic relationships and pharmacology.

Nursing Theory and Skills for Emergency Care - 10 hours per week

- cardiovascular subsystem
- respiratory subsystem
- neurological subsystem
- urinary subsystem
- gastrointestinal subsystem
- musculoskeletal subsystem
- integumentary subsystem
- endocrine subsystem
- reproductive subsystem

Pharmacology in Emergency Care - 1 3/4 hours per week

- nursing responsibilities
- drugs used in Emergency Care (each body system is considered)
- toxic effects of drug overdose
- toxic effects of plants and chemical substances
- toxic effects - inhalation
- toxic - skin and eye contamination
- over the counter drugs
- illegal drugs
- resources
- role of the nurse
- patient compliance evaluation
- ethical components

Emergency Nursing Practicum - 30 hours per week for 12 weeks

-

Advanced Concepts of Emergency Nursing Seminars - 4½ hours per week

- writing, the change process, the political process, inter-disciplinary issues, prevention, multiple trauma and transport, leadership, career paths.

CLINICAL EXPERIENCE

Guided Clinical Students

- six weeks of experience alternating with classroom work at the Royal Columbian Hospital. Students are buddied with a staff member and the instructor student ratio is approximately 1:8.
- practicum - 10 week experience in one or two large hospital Emergency Care settings, 2 day small hospital observation, 2 day pre-hospital observation, 3 day critical care experience, with an instructor student ratio of 1:4 for 7½ hours x 4 shifts per week.

Self-Directed Clinical Students

- Six days plus remediation as required with an instructor student ratio of 1:2 or 1:3 in a medium sized, medium volume emergency department.
- practicum - self-directed clinical experience over a twelve week period plus guided clinical instruction for 3 days within weeks 1 - 4 , 4 - 8, 8 - 12.
- 2 days for additional experience dependent on requirements of individual student.
- minimum requirement 120 hours over each 4 week period of practicum.

Total program length - 7 months.

EVALUATION OF STUDENTS

- 4 written examinations
- 6 assignments
- clinical evaluations using skill lists, skills criteria check lists, clinical evaluation records, buddy evaluation form, clinical instructor/student evaluation form, agenda/purpose of student/instructor conference.
- self-directed clinical evaluation forms include a student progress record and a clinical experience log.

INSTRUCTIONAL PERSONNEL

Program co-ordinator and two additional teachers.

APPENDIX B

DOUGLAS COLLEGE: OCCUPATIONAL HEALTH

ADMISSION CRITERIA

Current registration with the RNABC

Minimum of two years nursing experience in the past five years

Recommendation from an employer

Demonstrated competency in reading, writing and speaking English

Personal interview to ascertain that candidates speak English, appear healthy and verbalize an initial commitment to the role of the Occupational Health Nurse

NUMBER OF PARTICIPANTS

10 - 30

PURPOSE

For registered nurses interested in working in an industrial setting and course emphasizes health and safety in the workplace, health promotion, prevention of accidents in the workplace.

PROGRAM OBJECTIVES

The graduate of the program will:

1. Assess the physical and psychological health status of the potential and current employee in relation to the demands of the workplace.
2. Apply the basic principles of information systems to the development and maintenance of health records.
3. Apply principles of industrial hygiene when participating in the monitoring of health hazards within the work environment.
4. Perform nursing activities within the existing regulations affecting the work environment.
5. Apply principles of emergency care in a physical or psychological emergency in the work setting.
6. Develop a plan for potential disasters within the worksite in collaboration with the employer and other health team members.
7. Apply principles of communication when inter-acting with the employee, employer and members of the health team.

8. Use counselling skills to assist the employee to identify chronic health problems and develop a plan for change.
9. Use the problem-solving process to assist employees who have acute health problems.
10. Teach individuals and groups how to maintain health, rehabilitate and promote own health.
11. Develop health promotion programs which address prevention of accidents and health problems.
12. Co-operate and collaborate with others within the organization to promote the health and productivity of the employee.
13. Apply principles of management when implementing an Occupational Health Program.
14. Assume responsibility for the quality of own performance and for own professional development.

ARTICULATIONS

This course articulates with a work experience and there is the hope expressed that credit will be granted toward a degree.

CONCEPTUAL FRAMEWORK

The major points of the framework are man is a biopsychosocial entity who interacts with his world. Man's biological, psychological and social nature can be observed and understood by the nurse through the application of the problem-solving decision-making process. The employee may be affected by internal or external environmental conditions. Through development of specified competencies, the nurse is able to intervene to promote, maintain, or restore health, and to rehabilitate the employee. The competencies are: health assessment, record keeping, regulation application, communication, maintenance of professional competence, employee counselling, health education, organizational acumen, program administration.

Topics identified in the Course Outline

This program is presented as eleven courses. The courses, hours of instruction and content include the following:

1. Occupational Health Nursing I
An overview of Occupational Health Nursing, characteristics of the workplace and inter-relationships between members of the Occupational Health Team, the decision making role of the nurse, and analysis of own level of performance in relation to major competency areas.
2. Occupational Disease/Industrial Hygiene
Content required for a nurse to develop two major competencies of work environment - monitoring and regulation application - principles of industrial hygiene, toxicology, occupational disease, ergonomics and laws and regulations relating to environmental safety.
3. Health Assessment
Development of competencies of health assessment and record keeping - setting the climate, completing written pre-employment health assessment forms, physical and psychosocial assessment, performing common diagnostic procedures and referring appropriately.
4. Occupation Health Nursing Interpersonal Skills
Development of interpersonal relationships in an industrial setting. Basic components of communication, facilitative and therapeutic interventions of the nurse in relation to interacting with the employer and employee.
5. Emergency Care
Development of competencies of emergency care, disaster planning and regulation application. Emergency situation identified include cardiovascular, thoracic, abdominal/gastrointestinal, neurological, genital, urinary, obstetrical/gynecological, psychiatric, metabolic, allergies, surface trauma, muscular/skeletal, eye, poisonings, ear/nose/throat emergencies.
6. Practicum I - three weeks
Experience in an occupational setting to practice the competencies of communication, emergency care, environmental monitoring, reg-

ulation application and disaster planning.

7. Rehabilitation/Counselling

Principles of counselling applied to the nurse's involvement with the employee who has an acute or chronic illness with the psychological impact of chronic illness and interventions appropriate to the maintenance of health and rehabilitation being stressed.

8. Supervisory Management

Fundamentals of supervision, how organizations function to accomplish organizational goals, channels of communication, roles of leader, idea-implementer, co-worker, subordinate, and mediator.

9. Health Promotion

Communication with groups and teaching of adults. Incorporating principles of learning and change, students will be taught how to develop, deliver and evaluate health promotion programs to a group of employees.

10. Occupational Health Nursing II

Research methods utilizing statistics in the work setting to identify disease trends and health, cost effectiveness, the maintenance of professional competence.

11. Practicum II - three weeks

Experience in an occupational setting to provide time for the student to apply the skills learned in the second part of the program. Major areas of competence assessed will be in relation to the nurse's role with health promotion.

CLINICAL EXPERIENCE

Two three week experiences in an occupational setting are provided. These may be in the student's place of employment. The practicum instructor evaluates the quality of the experience available to the student in her work setting, and if not suitable the student is placed in another setting. The practicum instructor evaluates certain pre-determined competencies.

Total length of the program

Part-time over a two year period.

EVALUATION OF STUDENTS

- written examination
- assignments
- class presentations
- skill demonstrations
- clinical evaluation using predesigned tools.

PROGRAM EVALUATION

Predesigned questionnaire evaluating the individual course, the program and the instructor.

INSTRUCTIONAL PERSONNEL

Co-ordinator

Educational Qualifications: Bachelor of Science in Nursing Education and Master of Education.

Professional Qualifications: Experience in occupational health, public health and teaching nursing.

Additional personnel were employed with a variety of particular skills pertinent to the topic being presented.

APPENDIX B

COLLEGE OF NEW CALEDONIA: NURSING IN RURAL HOSPITALS

ADMISSIONS CRITERIA

Current registration in British Columbia

Recent satisfactory clinical evaluation by employing agency

Preference to those nurses currently employed in a small hospital and who plan to return/continue employment in such a setting.

Preference to those nurses with at least 6 months nursing experience giving direct care within the past three years.

Individuals can enroll in specific modules of the program if prerequisites and criteria for selection are met.

Report of medical examination submitted.

Confirmation of chest x-ray, up-to-date immunization and TB skin testing within the past year.

NUMBER OF PARTICIPANTS

10 - 16

PURPOSE

Program is designed to provide registered nurses who are currently employed or plan to work in a rural hospital with the competencies to assist them to function more effectively in such a setting.

PROGRAM OBJECTIVES

The student will be able to:

1. Examine the role of the nurse in a rural hospital.
2. Perform a physical appraisal and mental assessment.
3. Demonstrate advanced life support techniques.
4. Demonstrate basic operating room techniques.
5. Care for the normal maternity patient and neonate.
6. Care for the at-risk maternity patient and neonate.
7. Demonstrate crisis intervention skills with adults experiencing emotional difficulties.
8. Demonstrate emergency care including first aid.
9. Care for adult patients experiencing critical physiological problems

10. Care for patient during inter-hospital transfer.

ARTICULATIONS

This program identifies articulation with Safety to Practice conferences. Students with Standard First Aid (St. John) and Advanced Cardiac Life Support are exempted from work directly related to the objectives.

CONCEPTUAL FRAMEWORK

Basic concepts related to Nursing in Rural Hospitals will be incorporated through all portions of the modules. This framework will enable the student to:

1. Apply problem-solving process in formulating, implementing and evaluating care.
2. Demonstrate communication skills and the ability to establish and maintain a therapeutic environment/relationship.
3. Provide information/instruction and act as a resource person to patients, staff and other health professionals.
4. Develop strategies for evaluating own nursing practice and contributing to the evaluation of others.

TOPICS IDENTIFIED IN THE COURSE OUTLINE

1. Role of the nurse in a rural hospital.
2. Assessment - physical and psychosocial
3. Nursing interventions in relation to:
 - i) crisis intervention related to emotional state
 - ii) basic operating room techniques
 - iii) initial assessment and emergency care
 - iv) advanced life support
4. Nursing care of specified patient groups.
 - 1) adult patients experiencing emotional crisis.
 - ii) normal maternity patient and neonate.
 - iii) at-risk maternity patient and neonate.
 - iv) patients requiring emergency care.

- v) adult patients experiencing critical physiological problems.
- vi) patients requiring inter-hospital transfer.

CLINICAL EXPERIENCE

The course is presented through 12 modules. Each module has specified the number of hours of independent study, class/clinical and independent clinical.

Totals are: Independent study - 61 weeks
Class/Clinical - 78 days
Independent Clinical - 64 weeks
Total program length - part-time over two years.

EVALUATION OF STUDENTS

Student progress is assessed in each module through tests, assignments and interviews. Clinical practice is evaluated using a predesigned tool. Resource nurses are identified in each agency who will participate in the evaluation of the independent clinical practice.

PROGRAM EVALUATION

Students and preceptors evaluate program modules using predesigned forms. Clinical agency personnel and college personnel meet for evaluative purposes.

INSTRUCTIONAL PERSONNEL

Provision is made for one full-time instructor and one part-time instructor. Clinical agency personnel act as preceptors.

APPENDIX B

VANCOUVER COMMUNITY COLLEGE - NEONATAL INTENSIVE CARE NURSING

ADMISSION CRITERIA

Current practicing membership in the RNABC.

A recent satisfactory clinical evaluation by the nurse's immediate supervisor.

Preference will be given to nurses currently employed in a neonatal unit.

A minimum of two years recent perinatal or pediatric experience in an acute care setting and seeking special preparation with the intention of working in a neonatal unit. Preference given to those with letter from Director of Nursing indicating support for employment of the nurse following completion of the program.

Nurses with less than two years acute care nursing experience will be considered on an individual basis following an interview and upon written recommendation of the employer.

NUMBER OF PARTICIPANTS

8

PURPOSE

Program is designed to prepare the registered nurse to provide comprehensive nursing care for the acutely ill neonate and his/her family, in co-operation with a multi-disciplinary health care team.

PROGRAM OBJECTIVES

Upon completion of the program the nurse will be able to:

1. Demonstrate ability to use the nursing process to provide comprehensive individualized care to neonates and their families.
2. Use a repertoire of techniques essential to the provision of neonatal nursing care.
3. Demonstrate organizational ability in providing nursing care.
4. Demonstrate psychomotor skills in providing neonatal nursing care.

5. Guide families towards a better understanding of the neonate's health needs and potentialities.
6. Teach families and groups to help meet their learning needs.
7. Demonstrate a caring attitude in giving nursing care to neonates and their families.
8. Demonstrate accountability and responsibility in neonatal nursing practice.
9. Demonstrate effective communication skills in nursing practice.
10. Demonstrate an ability to work co-operatively, within the health care team, in the provision of nursing care.
11. Demonstrate leadership ability in the planning and implementation of change to improve the quality of neonatal nursing care.
12. Accept the problem-solving process as the basis of nursing practice.
13. Demonstrate cognitive skills in using the problem-solving approach.

ARTICULATIONS

This is one of three post basic maternal child nursing programs offered by VCC. Course material states "it has areas of overlap and linkage with both the perinatal levels I and II and the pediatric nursing program.

CONCEPTUAL FRAMEWORK

The program philosophy identifies man as a biopsychosocial individual who functions as a whole influencing and influenced by environment and members of a family, a community and a culture. Individual level of functioning is dependent upon ability to adapt in response to environmental or internal stimuli resulting from anticipated and/or unanticipated events in life. Nursing goal is to help man to achieve and maintain an optimal level of functioning.

The CNATS model is identified as the model to guide nursing practice. Information about the model is not included in program materials.

TOPICS IDENTIFIED IN THE COURSE OUTLINE

Directed Independent Study: Review of basic obstetrical knowledge, embryology, genetics, neonatal anatomy and physiology, basic concepts of nursing process, communication, psychology, teaching and learning. Neonatal pathophysiology by systems, parental dysfunction, professional

growth and development.

High risk neonate - characteristics, problems and management, acid-base balance, fluid and electrolyte balance, neonatal skills and techniques, application of nursing model and nursing process. Overview of pathophysiology, ventilators, neonatal transport, long term outcomes.

CLINICAL EVALUATION

First clinical experience - 10 days x 7½ hours = 75.0 hours

Second clinical experience - 23 days x 7½ hours = 172½ hours

Experiences are obtained at Grace Hospital Observational Nursery and BCCH Special Care Nursery plus observation at the medical genetic clinic. Instructor student ratio in the clinical area is 1:4.

Total program length - 6½ months

Directed independent study - 165 hours

Classroom - 90 hours

Clinical - 357½ hours

EVALUATION OF STUDENTS

Four written tests, a final written examination, three written assignments, a presentation. Clinical evaluation done jointly by student and instructor using a predesigned tool based on program objectives.

PROGRAM EVALUATION

Program evaluation is conducted using the following predesigned forms: guest speaker evaluation, student evaluation of class instructor, student evaluation of clinical instructor, student evaluation of program, student evaluation of modules, evaluation of clinical experience by student, evaluation of clinical experience by the clinical unit, instructor evaluation by the clinical agency, instructor evaluation by the instructor. Data is summarized and a report prepared for discussion. Action or recommendation is approved by program administration.

INSTRUCTIONAL PERSONNEL

Educational Qualifications of program instructor: Bachelor of Science in Nursing.

Professional Qualifications: Ten years of experience in intensive care nursery and neonatal nursing experience, four years of obstetrical nursing.

APPENDIX B

VANCOUVER COMMUNITY COLLEGE - PERINATAL NURSING

ADMISSION CRITERIA

Current practicing membership in the RNABC.

Six months recent nursing experience in an obstetrical or acute care area.

A recent satisfactory clinical evaluation by an immediate supervisor or a professional nursing reference.

A CPR Level I certificate

NUMBER OF PARTICIPANTS

12

PURPOSE

Level I - to prepare nurses to provide comprehensive care to the low risk childbearing family.

Level II - to prepare nurses to manage the high risk childbearing family.

Both programs emphasize intrapartum care in the hospital.

PROGRAM OBJECTIVES

Upon completion of the Level I or the Level II perinatal nursing program, the nurse will be able to provide comprehensive care to low risk or high risk childbearing families respectively. The nurse will be able to:

1. Demonstrate responsibility and accountability in perinatal nursing practice.
2. Demonstrate comprehensive knowledge of the child bearing process.
3. Demonstrate psychomotor skills in providing perinatal nursing care.
4. Provide comprehensive individualized nursing care to the patient during the perinatal period.
5. Demonstrate ability to use the nursing process in providing nursing care.
6. Demonstrate effective communication in the practice of nursing care.

7. Teach individuals and their families to help them meet their learning needs related to perinatal health care.
8. Demonstrate ability to work co-operatively within the health care team.
9. Demonstrate leadership ability in the planning and implementation of change to improve perinatal outcome.

ARTICULATIONS

The program builds on the theory and clinical experience provided in the basic nursing education programs of British Columbia.

CONCEPTUAL FRAMEWORK

Reference is made to the CNATS model. However, the major units of the model are not specified. The philosophy of the Continuing Nursing Education Department includes the following beliefs:

- Nursing's unique function is to care for individuals at critical periods in their lives in such a way that they may develop and use those modes of adaptation which enable them to achieve optimal level of functioning.
- Nursing cares for man in the context of his family and community.
- Nursing employs a systematic, problem-solving approach to nursing care.
- Each individual is a unique biopsychosocial being who functions as an integrated whole.
- Man has the capacity to set goals, make decisions, and the right to make choices.

Philosophy - Perinatal Program

- All human beings have similar psychological, physiological and sociocultural needs.
- Man must be approached as a total person: a member of a family, a society and a culture.
- Childbearing process is normal, healthy, physically and emotionally safe process integrally influenced by the mother's past and present physical, emotional and sociocultural environment.
- Childbearing phase requires role change in the entire family with attendant vulnerability and psychosocial adjustment which

may have far reaching effects upon the entire family.

- Physiological changes of pregnancy effect total body with deviation from normal in one system being reflected in the whole including the fetus.
- Rapid physiological development of the fetus and newborn and physiological adjustments required to transfer from intrauterine and extrauterine existence make infant particularly vulnerable to hazardous environmental conditions.
- Nursing care is based upon a broad range of biologic, psychologic, and sociocultural principles.

Differences identified between maternal child nursing and clinical nursing in other specialties.

1. Focus on a process considered normal. Nursing goals primarily related to promoting and maintaining health. When process deviates from normal, nursing action more nearly resembles nursing practice of other specialties.
2. Nursing focuses on both the promotion of physical health and the potential for optimal emotional development. Growth and development of child are influenced by prenatal environment and quality of parenting he receives.
3. Transmission of culture is provided by family unit. Nursing activities have multiple outcomes in terms of the immediate and future health of both individual and society.
4. Nursing intervention can help assure that childbearing is a joyous event.

CONCEPTUAL FRAMEWORK

The philosophy of the Continuing Education Department and of the Perinatal Post Basic Nursing Program are outlined above. The CNATS model for nursing practice is identified as being the nursing model followed. The units of this model are not stated.

TOPICS IDENTIFIED IN THE PROGRAM SCHEDULE

- A. Growth and development (antepartum and intrapartum)
 1. anatomy and physiology
 2. psychology

- B. Lifestyle (antepartum and intrapartum)
 - 1. Family
 - 2. Influence of lifestyle
- C. Adaptation of childbearing women and families to loss, stress and crisis.
- D. Nursing of antenatal and intrapartum childbearing women and families
- E. Unanticipated events
 - 1. Intrauterine fetal growth deviations
 - 2. Fetal distress
 - 3. Maternal distress
 - 4. Failure of labor progress
- F. Nursing of childbearing women and families experiencing selected unanticipated events.
- G. Leadership in nursing
 - 1. Group process and function
- H. Growth and development (newborn and postpartum)
 - 1. Anatomy and physiology
 - 2. Psychology
- I. Lifestyle (newborn and postpartum)
 - 1. Culture
 - 2. Influence of lifestyle
- J. Nursing of childbearing women and families during the total childbearing experience.
- K. Unanticipated events
 - 1. Delivery of the newborn by a nurse
 - 2. Postpartum depression
 - 3. Disruptions in attachment
 - 4. Newborn hypothermia
 - 5. Newborn hypoglycemia
 - 6. Newborn hyperbilirubinemia
- L. Nursing of childbearing women and families experiencing selected unanticipated events
- M. Leadership in nursing
 - 1. change theory and process
- N. Nursing of childbearing women and families during the total childbearing experience.

- O. Unanticipated events
 - 1. Prematurity and postmaturity
 - 2. Pregnancy induced hypertension
 - 3. Induction of labor
 - 4. Bleeding during pregnancy
 - 5. Infection
 - 6. Newborn distress
 - 7. Malpresentation
- P. Nursing of childbearing women and families experiencing selected unanticipated events.
- Q. Professionalism in nursing
 - 1. Ethical issues in perinatal nursing
 - 2. Legal issues in perinatal nursing

CLINICAL EXPERIENCE

Minimum number of hours 302½. There are two instructors available for twelve students. Experience is obtained in Grace Hospital, doctor's offices, home visits and in the community hospital of the student. A preceptorship is also included with the preceptor being a nurse and a physician. The student thereby has an opportunity for clinical practice during the period of independent study.

The total program length is six months. There is a total of 335 hours of theory included.

EVALUATION OF STUDENTS

Evaluation is based on six assignments, two written examinations, one oral examination, and satisfactory clinical performance.

PROGRAM EVALUATION

See program evaluation for Neonatal Intensive Care.

INSTRUCTIONAL PERSONNEL

Instructor 1

Educational qualifications - Bachelor of Science in Nursing

Professional qualifications - extensive experience in perinatal clinical practice and teaching.

Instructor 2

Educational qualifications - registered nurse

- certified nurse midwife
- certified perinatal nurse clinician

Professional qualification - experienced in midwifery and pediatric nursing

- teaching perinatal nursing.

APPENDIX B

VANCOUVER COMMUNITY COLLEGE - CRITICAL CARE LEVEL I

ADMISSION CRITERIA

Current practicing membership in the RNABC.

A minimum of one year full time nursing practice giving direct care in an acute medical or surgical unit within the past two years.

A recent satisfactory clinical evaluation by the employing agency.

Current CPR Level II certificate.

Preference will be given to nurses planning to work in a critical care area in a B.C. hospital upon completion of the course.

Preference will be given to nurses who have participated regularly in continuing education activities.

NUMBER OF PARTICIPANTS

18

PURPOSE

This program provides registered nurses with an opportunity to develop the knowledge and skills necessary to nurse patients in critical care units of community hospitals. The program is designed to prepare nurses to enter the field of critical care nursing and to further develop the critical care knowledge base of nurses currently working in critical care.

PROGRAM OBJECTIVES

Upon completion of the Level I Critical Care Nursing Program, the participant will be able to use the nursing process to provide beginning level nursing care to selected critically ill patients with a threat to their cardiovascular, respiratory, neurological or renal systems. The participant will be able to:

1. Apply knowledge of anatomy, physiology, pathophysiology and of psychosocial concepts when utilizing the nursing process to provide care of the critically ill patients.
2. Use data from the nursing history, the family, and other health team members when planning, implementing, and evaluating nursing care

of the critically ill patient.

3. Distinguish overt abnormal findings when performing a physical assessment.
4. Initiate life support measures, using a protocol selected emergency situations.
5. Interpret information from selected diagnostic procedures.
6. Implement individualized nursing care for selected critically ill patients.
7. Explain the uses and effects of drug therapy in selected critical conditions.
8. Identifying own role within the health care team.
9. Describe means of dealing with stressors experienced in critical care areas.
10. Communicate findings, problems and interventions clearly in verbal and written reports.

ARTICULATIONS

The Level I certificate provides educational qualification for the nurse who wishes to enroll in the Level II program offered at UBC.

CONCEPTUAL FRAMEWORK

Philosophy is the same as that for other VCC Continuing Nursing Education programs. No particular model for nursing practice is specified. (Other VCC Continuing Nursing Education Programs use CNATS).

TOPICS IDENTIFIED IN THE COURSE OUTLINE

Review of nursing process, nursing assessment, legal aspects, psychological aspects of critical care nursing, anatomy and physiology, fluid and electrolytes.

Cardiovascular system concepts - pathophysiology, dysrhythmia interpretation, cardiac monitoring, head to toe assessment, care of MI patient, hemodynamic monitoring, pacemakers, drug therapies.

Respiratory system - acid-base balance, ventilatory theory pathophysiology, drug therapy, chest tubes.

Renal system concepts - fluid and electrolyte balance, pathophysiology.

Neurological system concepts - increased intracranial pressure, emergency care of spinal cord injury, unconscious patient, head injury.

Shock

Nutrition

Care of the patient post anaesthesia

CLINICAL EXPERIENCE

Weeks 8, 10, 12, 14 are devoted to clinical experience in one of four or five hospitals.

Instructor student ratio is 1:3

Clinical instructor selects patient assignment, teaches, supervises, and carries out evaluation of clinical performance. Student is buddied with staff nurse responsible for patient.

Total Program Length - 14 weeks

Weeks 1 - 6: independent study

Weeks 7, 9, 11, 13, class

Weeks 8, 10, 12, 14, clinical

EVALUATION OF STUDENT

Four written examinations

Clinical evaluation using clinical skills checklist and general clinical evaluation tool.

PROGRAM EVALUATION

See Program Evaluation for Neonatal Intensive Care.

INSTRUCTIONAL PERSONNEL

Educational qualifications required - baccalaureate degree, post basic preparation in Critical Care Nursing is preferred.

Professional qualifications - recent clinical experience in critical areas, demonstrated teaching ability.

APPENDIX B

VANCOUVER COMMUNITY COLLEGE - PEDIATRICS

ADMISSION CRITERIA

Current practising membership in the RNABC.

A minimum of 6 months recent acute care nursing experience in a pediatric setting or an adult medical or surgical unit. New graduates considered on an individual basis following interview.

Preference to nurses planning to work in a pediatric setting in B.C.

A recent satisfactory evaluation by an immediate clinical supervisor.

Access to a pediatric clinical facility in home community for learning assignments during independent study periods.

A current level 1 CPR certificate.

NUMBER OF PARTICIPANTS

8-10 dependent on availability of clinical facilities.

PURPOSE

The program is designed to enable registered nurses to develop the knowledge and skills necessary to provide comprehensive nursing care to children in health care agencies. The focus is on the acutely ill child, but does not include intensive care.

PROGRAM OBJECTIVES

Upon successful completion of the course, the nurse will provide comprehensive nursing care to acutely ill children of all ages and their families. The nurse will be able to:

1. Demonstrate a comprehensive knowledge of growth and development, health requirements, physiology, psychology and sociology related to the nursing of children and their families.
2. Demonstrate knowledge of family reactions to stress, loss and crisis.
3. Accept the problem-solving process as the basis of nursing practice.
4. Demonstrate cognitive skills in using the problem-solving approach.
5. Demonstrate ability to use the nursing process in providing nursing

care.

6. Demonstrate organizational ability to provide nursing care.
7. Demonstrate psychomotor skills in giving nursing care.
8. Use a repertoire of techniques essential to the provision of nursing care.
9. Teach individuals/groups in order to help them meet their learning needs related to health care.
10. Guide patients/clients toward a better understanding of their health needs and potentialities.
11. Demonstrate a caring attitude in giving nursing care.
12. Demonstrate communication skills in the practise of nursing.
13. Demonstrate ability to work co-operatively with the health team in the provision of nursing care.
14. Demonstrate responsibility and accountability in nursing practice.
15. Demonstrate professional nursing behaviors.

Level Objectives - Classroom

The student will:

1. Explain a nursing framework to guide nursing practice.
2. Differentiate between different nursing interviews.
3. Perform a nursing history.
4. Analyse the content of pediatric nursing histories for clinical purposes.
5. Perform a pediatric physical assessment.
6. Critique the physical assessment performed.

Level Objectives - Clinical - Part 1

The student will achieve the following:

1. Perform a comprehensive assessment of selected children and families
2. Interpret data collected to identify patient problems associated with:
 - a) the developmental tasks of the child and family
 - b) the impact of stressful life events such as congenital anomalies, illness and hospitalization.
3. Plan appropriate nursing care according to:
 - a) Development of the child.
 - b) stressful life events, hospitalization, congenital anomalies and illness.

4. Implement appropriate nursing care related to:
 - a) teaching the child and family members
 - b) leading small groups of children or parents
 - c) performing pediatric clinical nursing skills which include: protecting the child, administering fluids and medications, playing, providing daily care for the child and managing the child's behavior.
5. Communicate effectively with the instructor, child, parents, and health team members.
6. Evaluate the effectiveness of the nursing care provided such as:
 - a) assessment of children and families
 - b) teaching
 - c) group leadership
 - d) play program
 - e) clinical skills such as:
 - i) restraining
 - ii) administering medications
 - iii) administering fluid therapy
 - iv) child behavior management
 - v) providing for the child's activities of daily living.

Level Objectives - Clinical - Part II

1. Perform physical assessments related to specific clinical problems.
2. Performing developmental assessments of children with specific clinical problems.
3. Interviewing parents and children.
4. Preparing nursing care plans according to standards and individualized needs of the patients having problems related to:
 - a) parent-child relationships
 - b) protective mechanisms of the body
 - c) the respiratory system
 - d) the gastrointestinal system
 - e) the genitourinary system
 - f) the endocrine system
 - g) the cardiovascular system
 - h) the neurological system

- i) the musculoskeletal system
 - j) terminal illness of children
5. Performing specialized pediatric skills including:
- a) calculation of medications
 - b) administration of medications
 - c) maintenance of intravenous
 - d) cardiopulmonary resuscitation if required
 - e) gavage
 - f) oxygen administration
 - g) care of a child in a cast
 - h) care of a child in traction
 - i) pre and post operative care
 - j) suctioning
 - k) oral feeding of children
 - l) patient teaching
 - m) play in assessment and nursing care
 - n) restraining
 - o) patient counselling
 - p) care of a child with a urinary catheter
 - q) monitoring fluids

CONCEPTUAL FRAMEWORK

Basic human needs is stated to be the conceptual framework for nursing.

- Each individual is unique and complex with strengths and weaknesses.
- Social, emotional, physical and cognitive being of individual is product of interaction between heredity and environment.
- Child vulnerable because of rapid growth and development.
- Quality of life experiences during childhood has far-reaching implications.
- Child is part of family and community.
- Family is a social system.
- Illness, disease, or handicaps disrupt system causing stress within family.
- Nurse caring for hospitalized child requires specialized knowledge and skills.
- Pediatric nursing is based on knowledge about cognitive, social,

emotional and physical needs of the child at each stage of growth and development.

- Nurse understands health problems of children and how these problems affect child's family.
- Key to competent nursing is using specialized knowledge and skills in a problem solving way.

CONTENT OUTLINE

Part I: Basic Concepts in Pediatric Nursing

1. Review of Basic Pediatric Nursing
 - a) growth and development (an overview, neonate to adolescence)
 - b) basic human needs - a nursing framework
 - c) communication theory
 - d) pediatric anatomy and physiology: a review
 - e) the nursing process
 - f) family theory
 - g) fluids and electrolytes and nutrition of children
2. Individual's reaction to life events (stress, crisis and anxiety).
3. Pediatric Assessment:
 - a) nursing history
 - b) physical examination of the child
 - c) family assessmesnt
 - d) developmental assessment
4. Pediatric Nursing interventions
 - a) regulating fluid balance
 - b) feeding the child
 - c) administring medications
 - d) protecting the child
 - e) using play in nursing care
 - f) providing for activities of daily living
 - g) learning and teaching in pediatrics
 - h) leading small groups in pediatric settings

Part II: Care of Children with Acute Health Problems

- A. Assessment and nursing care of children with common childhood conditions related to the following systems - respiratory, cardiovascular, gastrointestinal, endocrine, genitourinary, musculo-

skeletal, neurological, integumentary.

- B. Assessment and nursing - care of children with cancer
- C. Assessment and nursing - care of children with dysfunctional parenting.

CLINICAL EXPERIENCE

Clinical experiences are obtained in Lower Mainland hospitals or community setting with the Children's Hospital being the hospital of choice. 75 hours of clinical experience are included in Part I, and 125 in Part II. All students in one part of the program receive clinical experience at the same time in either a two or three week block of time. Clinical areas utilized at the Children's Hospital include medicine/neurology/neurosurgery, medicine/oncology, surgery/orthopedic, surgery/cardiology, isolation with two students being assigned to each area.

Total program length - 30 weeks with 345 hours of theory, and a minimum of 200 hours of clinical practice.

EVALUATION OF STUDENTS

There are five paper and pencil tests and two written assignments, plus a clinical evaluation which incorporates student self-evaluation.

PROGRAM EVALUATION

See Program Evaluation - Neonatal Intensive Care

INSTRUCTIONAL PERSONNEL

There is one full-time and one part-time instructor. During the clinical experience two instructors are available.

Full time Instructor

Educational Qualifications - Master of Science Nursing.

Professional Qualifications - extensive experience in pediatrics, geriatrics and surgical intensive care at level of staff nurse, clinical instructor, staff development and inservice educator, and head nurse. Involvement at the community level in developing educational programs for children with asthma and their families. Developed audio visual

material for families of children with long term health problems such as asthma and PKU.

Part-time Instructor

Educational Qualifications - Bachelor of Science in Nursing

Professional Qualifications - experience in acute care pediatric nursing, maternity and gynecology/adolescent wards as well as instructor in pediatrics in a basic nursing program.

APPENDIX B

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY
OPERATING ROOM - LEVELS I and II

ADMISSION CRITERIA

Part I - Registered nurse in B.C. (or eligible for registration).

Part II - Registered nurse (or eligible for registration) in B.C.

Successful completion of Part I or a challenge examination and a laboratory skills test.

At least one year recent acute care nursing experience within the past 18 months

or

have had previous acute care nursing experience and completed an approved Basic Nursing Refresher Course

or

have previous employment as an Operating Room Nurse for a period of at least 12 months within the past 10 years.

Completion of Basic Level 1 CPR

Demonstrated potential for success as an Operating Room nurse, indicated by a supportive letter of reference from her/his immediate supervisor or Director of Nursing.

Satisfactory medical examination (with no skin or medical conditions which would oppose operating room asepsis requirements).

English language fluency

Intent to work in a B.C. hospital on completion of the program.

NUMBER OF PARTICIPANTS

Part I: 12 - 15

Part II: 8 - 12

PURPOSE

Level 1 - program designed to enable nurses to develop knowledge and skills necessary to provide beginning level operating room nursing care to adult patients experiencing selected general and gynecological surgical interventions , as well as minor orthopedic, urological and

ear, nose and throat surgery.

Level I

1. Apply the nursing process, in simulated cases, to meet the patient's physiological and psychosocial needs as related to the perioperative period.
2. Discuss the role of the operating room nurse as a member of an inter-disciplinary team.
3. Demonstrate knowledge of the nurse's responsibility for ensuring patient safety in the operating room.
4. Demonstrate an understanding of the principles of preventing operating room acquired infection.
5. Demonstrate an understanding of the principles of preventing injury to the patient in the operating room.
6. Demonstrate knowledge of the ethical and legal responsibilities of the nurse who practises in the operating room.

Level II

1. Function as a member of an inter-disciplinary team.
2. Apply the nursing process to meet patient's physiological and psychosocial needs as related to the perioperative period.
3. Implement perioperative nursing care to insure patients safety.
4. Provide perioperative nursing care to protect patients rights.
5. In limited clinical experience and/or observation and with supervision, provide nursing care to selected patients in the post anesthetic recovery room.

CONCEPTUAL FRAMEWORK

No philosophy, Statement of Beliefs or conceptual framework is specifically identified in the course material.

TOPICS IDENTIFIED IN THE COURSE OUTLINE

Level 1

Operating room nursing - past, present and future.
Prevention of acquired infection.

Procedural and environmental safety in the operating room.

Anaesthesia and care of the unconscious patient.

Protection of rights

The patient experience of surgery and the nursing process.

Laboratory experiences related to roles, gowning, gloving and handling of instruments and supplies.

Level II

Review of skills, introduction to clinical facilities, role of the scrub nurse.

Care and handling of surgical specimens.

Surgery of the biliary system, herniorrhaphies, surgery of the female reproductive system, surgery of the limb, surgery of the gastrointestinal system.

Care of the patient in post anesthetic recovery room

Applying the nursing process

Autosuture seminar, anesthesia.

Stresses in the O.R.

Prostatectomies

Review of skills

CLINICAL EXPERIENCE

Level I - Laboratory practice with limited clinical observation. If part-time, one day of observation.

Level II - 223 hours of clinical experience. No details included on location of clinical experience or nature of instruction or supervision.

Total program length

Level I - full time - 3 weeks (95 hours) with 25 hours of independent study.

Part-time - 11 weeks - 23 hour evening sessions, two 4 hour days of classes and clinical laboratory and 1 day of clinical observation. 40 hours of independent study.

Level II - 10 weeks (325 hours) with 72 hours of theory and 223 hours of clinical experience.

EVALUATION OF STUDENTS

Pass is 75% on theory and pass in laboratory or pass on probation. Laboratory skills are evaluated using a predesigned form. There are written tests, assignments and testing under simulated conditions throughout the program.

PROGRAM EVALUATION

Students are asked to complete two predesigned forms about the program and one about the instructor.

INSTRUCTIONAL PERSONNEL

No data.

APPENDIX B

ST. PAUL'S: OPERATING ROOM

ADMISSION CRITERIA:

Registered with RNABC or eligible for registration.

One year experience in a hospital setting.

Evidence of successful work experience, clinical competence, leadership potential.

Completion of theory and clinical inventory.

Pre-selection interview.

Current CPR certification at basic level.

Preference to B.C. nurses.

NUMBER OF PARTICIPANTS

6 - 8

PURPOSE

To prepare clinical specialists who will:

1. Assist individuals to maintain or regain health by providing nursing care to patients undergoing both generalized and specialized operative procedures.
2. Accept the advocacy role in relation to patients.
3. Utilize the nursing process in providing safe, effective care during all phases of surgical intervention.
4. Be accountable for their own nursing practice.
5. Accept responsibility for the provision of nursing care through others.
6. Develop methods of working collaboratively with other health professionals.

PROGRAM OBJECTIVES

At the completion of the program the student will:

1. Perform as a professional in taking responsibility for self and others and being accountable in the practice of nursing within the boundaries of the operating room as a prudent and reasonable staff member.

- a) Utilize resources available and work within the policies and procedures of the hospital and the operating room when achieving patient care goals.
 - b) Perform as a professional: expanding self-awareness by identifying one's feeling in relation to: patients, the surgical setting within the concept of O.R. nursing, and by hypothesizing the impact of these feelings upon one's clinical performance.
2. Apply theoretical concepts from the sciences, humanities and nursing in the practice of perioperative nursing.
- a) Demonstrate the ability to give and support effective leadership by applying the "principles and strategies for taking charge" in promoting and maintaining the health of people in the operating room.
 - b) Apply knowledge and skills in the clinical setting when preparing the pre-op therapeutic environment for the patient.
 - c) Practice nursing in a complementary-supplementary role to maintain or restore independence in the satisfaction of man's fundamental needs.
 - d) Apply knowledge and skills in the clinical setting, recognizing the impact of the surgical intervention on a patient's body image by presenting verifying data.
3. Use the nursing process, collaboratively and co-operatively when providing individual perioperative care to patients, meeting the standards as determined by the program, utilizing Henderson's model as a framework for nursing practice.
- a) Assess the identified and potential patient's needs and problems.
 - b) Plan nursing actions based upon the identified actual and potential needs and problems by setting goals, judging priorities and designing methods to resolve problems.
 - c) Implement the nursing care plan necessary to accomplish defined goals in order to meet the physiological, psychological needs of the patient in accordance with the "O.R. Standards of Care" by replacing, completing, substituting, adding, reinforcing or increasing the modes of intervention the nurse has at her disposal.

- d) Evaluate nursing care rendered to patients in the peri-operative phase in accordance with established "Standards of Care" within the O.R. by increasing the potential independence in the satisfaction of man's fundamental needs or to a peaceful and dignified death.

ARTICULATIONS

Pre-program: With the work experience following completion of a basic program.

Post-program: None

Inter-program: With BCIT - would require a knowledge and skills pretest. Probably a student completing level 2 BCIT would have the program length reduced by 1½ to 2 months.

CONCEPTUAL FRAMEWORK

Identified nursing practice framework: Henderson.

TOPICS IDENTIFIED IN OUTLINE OF DAILY LECTURES

General discussion: qualifications of O.R. nurse, patient as person, nursing assessment, expectations, evaluation systems.

Orientation: organization chart, communication systems, library tour, physical lay-out, basic equipment.

Laparotomy, wound healing, surgical positions, safety and hazards (cardiac arrest, aseptic technique, legal aspects).

Endoscopy

Biliary

G.I.

Neck, breast, rectal

Urology

Anaesthesia

Plastic

Ortho

New born

Neuro

Eye

ENT

Vascular

Management
P.A.R.

CLINICAL EXPERIENCE

Number of instructors - one

Number of students - 6 - 8

Clinical setting - operating room and post anaesthetic room. Students learn role and have opportunity to practice same for scrub nurse and circulating nurse in general surgery and in specialties.

Length of clinical experience - 346 hours

Hours of theoretical instruction - 434

Total program length - 24 weeks

EVALUTION OF STUDENTS

Evaluation is considered to be criterion referenced

Methods of evaluation:

1. Paper and pencil tests on knowledge - exam pass 75%.
2. Practical test (oral): being able to role play a situation-practical pass 80%.
3. Observation of performance in the field compared to a written standard.

PROGRAM EVALUATION

Interviews with individual students and groups of students with a view to individualized content and incorporating "valid" suggestions. Survey of graduates and employers.

APPENDIX B

CAMOSUN COLLEGE: OBSTETRICS

ADMISSION CRITERIA

Registered nursing diploma with current B.C. registration.

Possess basic nursing skills as determined by review of resume and personal interviews.

Attend orientation session.

Completion of Basic level I C.P.R.

NUMBER OF PARTICIPANTS

12 - 16

PURPOSE

Upon completion of Obstetrical Nursing I, the Registered Nurse will possess the knowledge and skills necessary to practise as a beginning specialist in obstetrics. The graduate of the course will be prepared to provide nursing care for the childbearing family in a variety of health care settings.

PROGRAM OBJECTIVES

The graduate of the Obstetrics Nursing I course will:

1. Utilize the nursing process as the basis of practice with expectant mother and family.
2. Synthesize concepts and principles from the biological, physical, behavioural and social sciences into an organized body of knowledge that directs nursing action.
3. Perform essential obstetric psychomotor nursing skills with confidence and proficiency.
4. Establish, maintain and terminate caring interpersonal relationships that promote client and family well being.
5. Utilize principles of teaching/learning to assist the mother and family towards better understanding of their health needs and potentialities.
6. Collaborate with obstetric clients, families and health care workers in providing care.

7. Utilize organizational skills in managing total nursing care.
8. Demonstrate responsibility and accountability for his/her actions as a nurse.

ARTICULATIONS:

This course articulates with the existing diploma nursing program at Camosun College. When fully developed, the course will be submitted to the Schools of Nursing at the University of Victoria and the University of British Columbia for consideration as nursing credits towards their postbasic baccalaureate nursing program.

CONCEPTUAL FRAMEWORK

The course builds upon the philosophy and conceptual framework of the existing Diploma Nursing Program which is a stress adaptation framework.

TOPICS IDENTIFIED IN THE COURSE OUTLINE

Antepartum: physiological changes of pregnancy, prenatal education, antepartum nursing assessment, developmental tasks and the expectant family, complications of pregnancy.

Labor/Delivery: physiological changes in labor/delivery, nursing management of the normal labor process, pain relief, operative obstetrics.

Mother/Babe: response to birth, immediate nursing care and assessment, needs and care of the postpartal family attachment, families in crisis.

Labor/Delivery: intrapartum nursing assessment, nursing care of labor/delivery, complication of labor and delivery.

Newborn assessment, maternal assessment, the convalescent.

Neonate assessment, needs and care, the convalescent.

Mother assessment, needs and care, management of infant feeding.

CLINICAL EXPERIENCE

Clinical experiences are provided in the nursing laboratory, physicians' offices, and obstetrical units. Teacher/student ratio in the clinical area is 1:8. There is a four week clinical practicum when the student has successfully completed the theory and clinical components.

The schematic overview of the program (Appendix) indicates that the theoretical component and clinical component are interwoven.

Total program length - 24 weeks

EVALUTION OF STUDENTS

Assessment assignment, two written examinations, skill inventory and checklist, two evaluations of clinical performance. The assignment, inventory and checklist and clinical evaluations are derived directly from the program objectives.

PROGRAM EVALUATION

Program evaluation consisted of questionnaires relating to all components of the course, laboratory teaching, clinical teaching, and classroom teaching. Provision is made for attrition analysis. There is provision for faculty examination of the course resulting in input for changes. Individual faculty evaluations are conducted from the perspective of self, peer, students, administration. Post graduation follow-up survey of graduates and employees is conducted.

INSTRUCTIONAL PERSONNEL

Educational qualifications - registered nurse

- Advanced Practical Obstetrics Certificate
(University of Alberta)

Professional qualifications -ten years experience in Obstetrics and
Gynecology

-program developer.

APPENDIX B
UNIVERSITY OF BRITISH COLUMBIA
POST-REGISTERED NURSE PROGRAM IN CLINICAL PSYCHIATRIC NURSING
LEVELS I AND II

ADMISSION CRITERIA

Current registration in B.C.

Preference to candidates with one full year of full-time experience giving direct care in a psychiatric or non-specialized setting.

Recent satisfactory clinical evaluation from employing agency.

Preference to candidates who have participated in continuing education programs on a regular basis.

No more than 2 nurses employed in any one agency shall be allowed to register unless space permits.

A home-based mentor must be available.

Personal interview may be required.

NUMBER OF PARTICIPANTS

Maximum of 15

Level II

Candidates must have completed Level I with a 70% in both written and clinical categories.

PURPOSE

This course is designed to provide Registered Nurses with an opportunity to increase their knowledge and abilities in providing nursing care for adults in psychiatric settings as well as involvement with their families.

Level I provides a framework for the participant to collect baseline data and implement the nursing process. It stresses the theoretical component, using clinical time as an adjunct, in order for the participant to apply theory and further develop his/her own role on the health team.

Level II allows the individual to identify his/her own learning needs

and integrate the theoretical content in the home agency. It allows the participant to clarify his/her own role on the health team. Emphasis is on leadership skills, working with groups, and working with families.

PROGRAM OBJECTIVES

As a result of this program the learner will:

1. Develop insight into the ethical issues affecting the nursing care of individuals experiencing a psychiatric illness.
2. Use the nursing process as the basis of the professional practice of nursing.
3. Use communication behavior which ensures the provision of quality patient care.
4. Apply knowledge of relevant behavioral concepts to plan appropriate and effective nursing care for individuals experiencing a psychiatric illness.
5. Apply knowledge of the effects of psychiatric illness on the coping behaviors of individuals and families.
6. Use knowledge of growth and development to plan appropriate and effective nursing care for individuals experiencing a psychiatric illness.
7. Understand the nature of psychiatric illness.
8. Use knowledge of somatherapies in planning nursing care.
9. Collaborate with the health care team within the institution and the community.
10. Demonstrate effective leadership skills in the provision of quality patient care.

ARTICULATIONS

There is an independent prestudy course designed to ensure a common baseline knowledge for all participants entering the program. By the end of the program, participants are expected to perform at the level of practitioner B as defined by the R.N.A.B.C. Roles and Functions Document.

CONCEPTUAL FRAMEWORK

The U.B.C. Model for Nursing Practice, the philosophy of the School of

Nursing, and a Statement of Philosophy about psychiatric nursing provide the framework for content development of the course.

CONTENT

This program builds on participants' knowledge from basic nursing curriculum and professional nursing experience. Particular focus is on the application of theories and concepts with clients and their families requiring psychiatric care. Emphasis is on the nursing process using the U.B.C. model for nursing and related concepts of growth and development in the life cycle. Concepts of mental health and mental illness are followed by major psychiatric models with related crisis theory and stress theory. Psychopathology is included, as well as its impact on the various phases of the nursing process with patients and families.

Ethical issues in psychiatric nursing are discussed as well as theories of leadership and the role of the nurse in the interprofessional team.

CLINICAL EXPERIENCE

Level I

Under the supervision of a qualified clinical instructor at a ratio of 1:5, the participants apply the course content to clinical practice by providing nursing care to patients in the Psychiatric Unit of the U.B.C. Health Sciences Centre over a 68 hour period.

• Level II

This clinical experience of 180 supernumerary hours takes place at the participant's home agency under the guidance of a qualified mentor. The participant defines, implements and reports specific learning activities to demonstrate application of theoretical and clinical content with particular emphasis on leadership objectives.

Total program length

Level I: 10½ weeks

Level II: 180 supernumerary hours over a 6 month period
plus 21 hours final classes and evaluation

Total: 411 hours over a 9½ month period.

EVALUATION OF STUDENTS

Level I: One seminar presentation, a clinical evaluation, and a written examination on classroom content.

Level II: Clinical evaluation and a final examination. Clinical evaluation is based on identified competencies.

PROGRAM EVALUATION

There is provision for on-going monitoring of the program through module evaluation, instructor evaluation, and clinical agency evaluation using predesigned tools. A follow-up evaluation of the graduates of the program will be implemented three months after completion of the program.

INSTRUCTIONAL PERSONEL

There are two program co-ordinators who both have a Master of Science degree in Nursing. There are three clinical instructors for the first clinical experiences all of whom have baccalaureate degrees in nursing. The home-based mentors are chosen by the participant. In addition, there are instructors chosen to participate according to their interest and expertise in the content area. The majority of those identified are prepared at the master's level in nursing with the remainder prepared at the baccalaureate level.

UNIVERSITY OF BRITISH COLUMBIA
POST-REGISTERED NURSE CLINICAL NURSING PROGRAM IN LONG TERM CONTINUING CARE
LEVELS I AND II

ADMISSION CRITERIA

Current registration in British Columbia

Preference to candidates with one full year of full-time nursing experience giving direct care in an active long term care medical or surgical setting.

Recent satisfactory clinical evaluation form employing agency.

Preference to nurses planning to work with clients who have long term illnesses and/or disability.

Preference to candidates who have participated in continuing education programs on a regular basis

Level II

Candidates must have completed Level I with a 70% in both written and clinical categories.

NUMBER OF PARTICIPANTS

8 - 20 students

PURPOSE

This course is designed to provide Registered Nurses with an opportunity to increase their knowledge and abilities in providing long term continuing nursing care for individuals of all ages with health problem(s) of intermittent, extended or permanent duration, as well as involvement with their families. Level I supplies a framework for the participant to collect data and develop a philosophy for providing long term care. The purpose of Level II is to focus on concepts integral to a resident of a long term care facility and aid the participant to integrate management and leadership strategies.

PROGRAM OBJECTIVES

As a result of this programme the learner will:

1. Develop insight into the ethical issues affecting the nursing care of individuals with long term illness and disability.

2. Use the nursing process as the basis of the professional practice of nursing.
3. Utilize knowledge of growth and development to plan appropriate and effective care for clients with long term illness and disabilities.
4. Apply knowledge about effects of long term illness and disability on the individual's coping behaviors.
5. Demonstrate effective leadership skills in the provision of quality patient care.
6. Use communication behavior which ensure the provision of quality patient care.
7. Collaborate with the health care team within the institution and the community.
8. Apply knowledge concerning relevant pathophysiology.

ARTICULATIONS

There is an independent pre-course study to ensure a common baseline knowledge for all participants. By the end of the course, participants are expected to be able to perform at the level of a practitioner B as described in R.N.A.B.C. Roles and Functions document. Some will have the potential to work at practitioner C level.

CONCEPTUAL FRAMEWORK

The philosophy of the U.B.C. School of Nursing, the U.B.C. Conceptual Model for Nursing Practice, and a Statement of Philosophy of long term continuing care are the basis for deriving content.

CONTENT

This program builds on participants knowledge from basic nursing curriculum and professional nursing experience. Particular focus is on the application of theories and concepts with clients requiring long term continuing care and their families.

Level I

Focus is on the nursing process using the U.B.C. model for nursing and related concepts of growth and development in the life cycle and

concepts related to therapeutic communication. Pathophysiology is included as well as its impact on the various phases of the nursing process with individuals and families.

Level II

Content includes values and ethics, concepts of loss and gain, confusion, pain as they relate to the nursing process and model for nursing. Content of the management portion of this course include theories of management, leadership and planned change as they apply to the clinical realm of long term continuing care.

CLINICAL EXPERIENCE

Level I

Under the supervision of a qualified clinical instructor at a ratio of 1:5, the participants apply the course content of Level I to clinical practice by providing total nursing care to clients in a variety of settings in Vancouver over a six-day period.

Level II

Under the supervision of a qualified clinical instructor at a ratio of 1:5, the participants integrate theories and concepts in the provision of more complex nursing care to clients assessed in Level I in an extended care facility in Vancouver over a ten-day period.

After a block of instruction, there is a management-leadership practicum of 140 supernumerary hours at the participants' home agency, under the guidance of a qualified mentor. The participant defines, implements and reports a project which demonstrates integration of the program objectives related to management, leadership and planned change.

PROGRAM AND FORMAT LENGTH

Level I

Program orientation	3 hours
Independent study	60 hours
Clinical instruction and simulated practice	10 days
Clinical experience	6 days
Total:	168 hours over a 9 week period

Level II

Classroom study	6 days
Clinical experience	10 days
Management-Leadership Practicum	
- Introduction	2 days
- Clinical Practicum	140 hours
140 supernumerary hours over a 6 month period	
Classroom study and final evaluation	2 days
Total :	275 hours over a 6 month period

Total program hours: 443 hours over a nine month period

EVALUATION OF STUDENTS

One project, a written examination on classroom content and a clinical evaluation in Level I.

One written examination on classroom content, a clinical evaluation and a written paper on Level II.

PROGRAM EVALUATION

There is provision for on-going monitoring of the program through module evaluation, instructor evaluation, mentor evaluation, program evaluation and clinical agency evaluation using predesigned forms.

INSTRUCTIONAL PERSONNEL

Co-ordinators and clinical instructors are assigned for each level of the program. The range of preparation for these individuals is from baccalaureate to doctorate.

APPENDIX B
UNIVERSITY OF BRITISH COLUMBIA - REGISTERED NURSE CLINICAL
CRITICAL CARE: LEVEL I PROGRAM
WORK STUDY PROGRAM LEVELS I AND II

CLINICAL PROGRAM LEVEL I

ADMISSION CRITERIA

1. Current nursing registration in B.C.
2. Recent satisfactory clinical evaluation by employing agency.
3. Current C.P.R. II Certificate
4. At least one full year of full-time nursing experience giving direct care in an active medical and/or surgical setting within the past three years.
5. Preference will be given to candidates who plan to provide critical care in a British Columbia hospital upon completion of the course.
6. Preference will be given to candidates who have participated in continuing education programs on a regular basis.

NUMBER OF PARTICIPANTS

Varies according to particular program format.

PURPOSE

This program is designed to provide Registered Nurses with an opportunity to increase their knowledge and skills in providing nursing care to various types of adults in a critical care setting.

The program will be taught within a framework which emphasizes:

1. Perception of man as a behavioural system with basic human needs.
2. Utilizing the nursing process.
3. Collaboration of the professional nurse with members of the health care team.
4. Pathophysiology of all body systems.
5. Holistic care to patient, families and/or significant others.

Level I provides the participant with a framework to collect baseline data and to develop a plan of care for a non-compl critical care patient. It focuses on development of assessment skills and application of theoretical knowledge in a non-specialized critical care setting.

PROGRAM FORMATS

Level I Fulltime Study Program

The Level I program is eight weeks in length and consists of 20 classroom days and 20 clinical days.

It begins with a 6 week informal independent study phases which consists of some of the key concepts presented in the entire program: Nursing Process, Anatomy and Physiology, Nursing Assessment, Psychosocial Needs and Legal Issues.

The theoretical part of the Program is about four weeks and deals with the assessment and management of patient problems relating to the following systems: Respiratory, Cardiovascular, Neurological and Renal.

Concurrently as a component to all systems, students receive information relating to nursing process, stress and pharmacology.

Classroom instruction is presented in blocks of one week followed by one week in the clinical area. This pattern is repeated throughout the program.

Level I Part-Time Study Programs

This program consists of a series of short courses presented in three hour evening sessions one evening a week. At the mid-point and at the end of the theoretical portion of the program, ten days of supervised clinical instruction is provided. The part-time study program is planned in a manner to achieve equivalence with the full-time program provided the entire program including clinical experience is completed within two years. This format will enable employed nurses to participate in the Level I program.

Level I Hospital - Implemented Program

The Level I program is jointly implemented by a hospital and/or community college and the University of British Columbia over an extended period of time. The agencies utilize their own resource people to provide the classroom and clinical instruction. Instructors must meet established qualification criteria. Consultation and limited instructional assistance is provided by the University on a contractual basis. The program must be completed within one year.

Level I - Regional Part-time Study Program for Non-Metropolitan Based Nurses

The Level I Regional Program provides non-metropolitan based nurses with an opportunity to complete the program in their own area. The program consists of an initial 70 hours of pre-course independent study and a series of theory and clinical blocks varying in length from 5 to 10 days. Participants must complete independent study assignments in between the theory and clinical sessions. The following diagram outlines a sample design for a regional program

Independent Study (70 hours)

Theory Block #1
Cardiovascular Nursing
(7 days)

Theory Block #3
Neurological and
Renal Nursing
Critical Care Concepts
(6.5 days)

Theory Block # 2
Respiratory Nursing
(6.5 days)

Clinical Practicum
2
(10 days)

Clinical Practicum #1
(10 days)

All classroom and clinical instructors are employed by the University of British Columbia.

PROGRAM OBJECTIVES

These program objectives cover Levels I and II

Objectives 1 to 8 are partially met in Level I.

All objectives are entirely met in Level II.

At the end of the program the nurse will:

1. Develop insight into the ethical and legal issues affecting the nursing care of individuals experiencing a critical illness.
2. Use the nursing process as the basis of professional practice of nursing.
3. Apply knowledge about effect of critical illness on the individuals coping behavior.
4. Uses communication behavior which ensures the provision of quality patient care.
5. Utilizes knowledge of anatomy and physiology to plan appropriate and effective care for critically ill patients.
6. Demonstrates the application of advanced pathophysiology.
7. Use knowledge of somatherapies in planning nursing care.
8. Collaborates with the health care team within the institution.
9. Demonstrates leadership skills in the provision of quality patient care.

CONCEPTUAL FRAMEWORK

The philosophy of the U.B.C. School of Nursing and the U.B.C. model for nursing will become the basis for organization of program content.

CONTENT

Particular focus is in the nursing process applied to adults in a critical care setting.

- nursing process, legal and psychological aspects of critical care nursing, anatomy and physiology, fluid and electrolyte balance and pharmacology in critical care.
- basic cardiac and vascular assessment.
- assessment and management of acute cardiac problems.
- assessment and management of cardiac problems.
- basic respiratory assessment.
- assessment and management of acute respiratory problems.
- assessment and management of patients requiring ventilatory support.

- basic neurological assessment and management of acute problems.
- basic renal assessment and management of acute problems.
- critical care concepts.

CLINICAL EXPERIENCE

Under the supervision of a clinical instructor on a ratio of 1:3 participants will have the opportunity to demonstrate partial application of the program's theoretical and clinical content on a non-specialized intensive care unit and/or other acute care units in two clinical blocks of 10 eight hour day shifts. If the student proceeds directly from Level I into Level II he/she is expected to complete 120 hours of unsupervised clinical practicum in a hospital of his/her choice.

Total program lengths: See UBC Critical Care Level I program - work study program Levels I and II

EVALUATION OF STUDENTS

Four or five written examinations

Clinical evaluation using a clinical evaluation tool and skills inventory.

PROGRAM EVALUATION

Provision is made for on-going monitoring of the program through module evaluation, instructor evaluation, clinical instructor evaluation, program evaluation and clinical agency evaluation using predesigned forms.

A follow-up of graduates is done three months after completion of the program.

INSTRUCTIONAL PERSONNEL

Instructional personnel consist of two full-time instructors each with a baccalaureate degree in nursing, and one part-time instructor with similar educational qualifications. Clinical instructors are registered nurses currently employed in ICU settings; some of the nurses have a baccalaureate degree.

POST-GRADUATE WORK-STUDY PROGRAM - LEVELS I and II

ADMISSION CRITERIA

Level I

Current nursing registration in B.C.

Recent satisfactory clinical evaluation by employing agency.

Current C.P.R. II Certificate

At least one full year of full-time nursing experience giving direct care in an active medical and/or surgical setting within the past three years.

Preference will be given to candidates who plan to provide critical care in a British Columbia hospital upon completion of the course.

Preference will be given to candidates who have participated in continuing education programs on a regular basis.

Level II

Completion of Level I Critical Care with a 70% average.

Presently employed in a hospital which meets the following criteria:

- i) The hospital must be able to provide the required patient population to permit the students to apply the knowledge and skills presented in the program.
- ii) A qualified instructor must be available for student consultation.

NUMBER OF PARTICIPANTS

Maximum of 12

PURPOSE

This program is designed to provide Registered Nurses with an opportunity to increase their knowledge and skills in providing nursing care to various types of adults in a critical care setting.

The program will be taught within a framework which emphasizes:

1. Perception of man as a behavioral system with basic human needs.
2. Utilization of the nursing process.
3. Collaboration of the professional nurse with members of the health care team.

4. Pathophysiology of all body systems.
5. Holistic care to patient, families and/or significant others.

Level I

Provides the participant with a framework to collect baseline data and to develop a plan of care for a non-complex critical care patient. It focuses on development of assessment skills and application of theoretical knowledge in a non-specialized critical care setting.

Level II

Prepares the participant with comprehensive knowledge and skills in caring for patients in multi-system failure in secondary/tertiary care facilities. Emphasis at this level is on pathophysiology, integration of knowledge and clinical skills in a variety of critical care settings, working with families and development of leadership skills.

PROGRAM FORMAT

The entire program is 28 weeks in length.

There are five phases to the Work-Study.

The program begins with 8 weeks of informal independent study which consists of a review of the key concepts presented in the Level I program. If a student proceeds directly from Level I to Level II, this phase may be omitted.

The first phase of the program is ten weeks long and builds on the content presented in the Level I program. During this phase, classroom instruction is presented in blocks of two weeks followed by 2 weeks in the clinical area.

Phase Three consists of one week of classroom seminars.

The second and fourth phases consist of eight weeks of unsupervised clinical practise in a critical care setting. During this period the student will complete independent study assignments and further integrate total course content. A consultant with clinical knowledge and expertise is available to the student. Students may also work rotating shifts and receive remuneration as arranged with the hospital.

Phase V is one week of classroom time for completion of course content and evaluation.

PROGRAM OBJECTIVES

1. Develop insight into the ethical and legal issues affecting the nursing care of individuals experiencing a critical illness.
2. Use the nursing process as the basis of professional practise of nursing.
3. Apply knowledge about effects of critical illness on the individuals coping behavior.
4. Uses communication behavior which ensures the provision of quality patient care.
5. Utilizes knowledge of anatomy and physiology to plan appropriate and effective care for critically ill patients.
6. Demonstrates the application of advanced pathophysiology.
7. Uses knowledge of somatherapies in planning nursing care.
8. Collaborate with the health care team within the institution.
9. Demonstrates leadership skills in the provision of quality patient care.

CONCEPTUAL FRAMEWORK

The philosophy of the School of Nursing and a conceptual framework on the nursing process are identified as the conceptual basis for the program.

CONTENT

Level I

Refer to content Level I on page 90

Level II

Behavioral concepts

Stress

Crisis Management

Pulmonary system

Cardiovascular system

Neurological system

Intergumentary system

Renal system

Upper gastrointestinal system

Endocrine system

Principles of teaching and learning

Pharmacology in critical care nursing

Drug/Alcohol abuse

Effects of anaesthesia on the critically ill

Multi-system trauma

Leadership

Change Theory

Group process

CLINICAL EXPERIENCE

Level II - Phase I

Under the supervision of a qualified clinical instructor, at a ratio of 1:5, the participants apply the course content to clinical practice by providing nursing to patients in a teaching hospital in Vancouver over a period of five weeks.

Phase II and Phase IV

Unsupervised clinical practice at participant's home hospital in two four week periods. A qualified instructor from the participant's institution is available for consultation. During this period in a critical care setting the purpose is integration of content from Level I and Level II to clinical practice.

Total Length of Program

Level I - 8 weeks

Level II - 28 weeks

EVALUATION OF STUDENTS

Student evaluation is an on-going process. A variety of evaluation methods are used including tests, group presentations and written assignments. Clinical evaluation using a clinical evaluation tool based on program objectives and a skills inventory.

PROGRAM EVALUATION

Provision is made for on-going monitoring of the program through module evaluation, instructor evaluation, clinical instructor evaluation,

program evaluation and clinical agency evaluation using predesigned forms.

A follow-up of graduates is done three months after completion of the program.

INSTRUCTIONAL PERSONNEL

Instructional personnel consists of two full-time instructors each with a baccalaureate degree in nursing and one part-time instructor with similar educational qualifications. Clinical instructors are registered nurses currently employed in ICU settings; some of the nurses have a baccalaureate degree. Several guest lecturers from a variety of disciplines also assist in the classroom portion of the program.

Consultants are registered nurses employed in the participant's home agency with recognized expertise in critical nursing care nursing and knowledge of the teaching process, with preference to baccalaureate degree preparation.

APPENDIX C

AN OVERVIEW OF POST-BASIC CLINICAL NURSING PROGRAMS

ADMISSION CRITERIA

Current registration

Work experience ranging from six months to two years - acute care or experience in specialty.

Satisfactory reference.

Interview.

NUMBER OF PARTICIPANTS

6 - 30 with the most common range being 10 - 12

PURPOSE

Provide registered nurses with an opportunity to develop knowledge and skills necessary to provide nursing care to patients in specified specialty area or to specified patients in specialty area. Two programs identify the program as an opportunity for nurses to enter a specialty field.

PROGRAM OBJECTIVES

The following table summarizes the topics addressed by the program objectives and the number of programs including an objective concerned with the specified topic. These are listed in descending order of frequency:

Nursing Process	13
Communication	10
Collaboration	10
Techniques specific to specialty	8
Cognitive skill (synthesize concepts)	7
Accountability and responsibility	7
Teaching	7
Leadership	7
Specific illnesses	6
Ethical / Legal issues	6

Specific therapies and diagnostics	5
Anatomy and physiology	5
Pathophysiology	5
Role	5
Psychosocial concepts	5
Self-evaluation	3
Organization	3
Growth and development	3
Family	3
Behavioral concepts	2
Life support	2
Stress	2
Communicate findings	2
Management	1
Patient advocate	1

TOPICS IDENTIFIED IN COURSE OUTLINES

Nursing process

Assessment - physical

- mental
- nursing
- family
- developmental
- post partal family
- antepartum nursing assessment
- cardiovascular assessment
- respiratory assessment
- renal system assessment
- neurological assessment
- musculoskeletal
- gastrointestinal
- sensory
- confusion, stress, pain

Specific nursing interventions

Regulating fluid balance

Feeding the child

Administering medications

Protecting the child
 Using play in nursing care
 Providing for activities of daily living
 Learning and teaching in pediatric settings
 Leading small groups in pediatric settings
 Prenatal education
 Dysrhythmia interpretation
 Cardiac monitoring
 Hemodynamic monitoring
 Crisis intervention related to emotional state
 Basic operating room techniques
 I.V. therapy
 Advanced life support
 First aid
 Peritoneal dialysis
 Chest underwater sealed drainage
 Oxygen therapy
 Artificial airway management
 Percussion, vibration and postural drainage of the chest
 Collection of blood sample
 Interpretation of arterial blood gas analysis
 Mechanical ventilator management
 Therapeutic group process
 Therapeutic communication
 Care of patients with specific illnesses
 Children with conditions related to body systems, cancer, dysfunctional
 parenting
 Fetal distress
 Maternal distress
 Failure of progress of labor
 Delivery of newborn by nurse
 Post partum depression
 Disruptions in attachment
 Newborn hypothermia
 Newborn hypoglycemia
 Newborn hyperbilirubinemia
 Prematurity and postmaturity
 Pregnancy induced hypertension

Induction of labor
Bleeding during pregnancy
Infection
Newborn distress
Malpresentation
Nursing management of normal labor process
Pain relief
Immediate nursing care of mother and babe following birth
Nursing care of labor/delivery
Needs and care of the convalescent mother and neonate
Management of infant feeding
Care of the myocardial infarct patient
Emergency care of the unconscious patient
Head injury
Shock
Adult patients experiencing emotional crisis
Normal and at-risk neonates
Normal and at-risk maternity patients
Patients requiring diagnostic procedures, treatment and surgery
Adults experiencing critical physiological problems
Patients requiring inter-hospital transfer
Angina
Congestive heart failure
Cardiac arrest
Artificial cardiac pacing
Chronic obstructive lung disease
Pulmonary embolus
Pneumothorax
Flail chest
Acute renal failure
Peritoneal dialysis
Trauma to the head and spinal cord
Management of shock
Complications of massive blood transfusions
Nutrition for the critically ill
Patients experiencing cardiovascular surgery
Anorexia nervosa

Child abuse

Organic brain syndrome

Role of the nurse in the system

Emergency, rural hospital, operating room, psychiatry

Growth and development

Development responses of different life stages

Growth and development - neonate to adolescence

Growth and development - antepartum, intrapartum, post partum

Growth and development of the newborn

Developmental tasks and the expectant family

Family

Developmental tasks and the expectant family

Families in crisis

Attachment

Needs and care of the postpartal family

Physical sciences (anatomy, physiology, pathophysiology, pharmacology, embryology, genetics.

Pediatric, fluids and electrolytes, nutrition of children

Antepartum, intrapartum, post partum

Newborn

Cardiovascular system concepts - pathophysiology, dysrhythmia interpretation, cardiac monitoring, electrophysiology of the heart, respiratory system, ventilatory theory, pathophysiology, drug therapy, chest tubes.

Neurological system concepts - increasing intracranial pressure,

Renal system

Psychosocial sciences

Stress, crisis, anxiety

Culture

Lifestyle

Psychological aspects of critical care nursing

Legal considerations

Implications and functions of emergency nursing

Physician/nurse

Patients rights

Safety in practice

Ethical issues in perinatal nursing

Legal issues in perinatal nursing

Communication

Crisis situations

Teaching learning

Writing

The change process, factors affecting change implementation

Management theory, organizational behavior

Group process and the inter-professional team

Leadership and the colleague relationship

Performance evaluation

Values and ethics

The political process

Inter-disciplinary issues

Nurse's responsibility in relation to specific surgical procedures

Prevention of acquired infection

Procedural and environmental safety in the operating room

Anaesthesia and care of the unconscious patient

Stresses in the particular setting - operating room, long term care, psychiatry

Psychiatric nursing theories

Major psychiatric model

Behavioral concepts

CLINICAL EXPERIENCE

Psychiatry

Level I 53 hours

Level II 180 hours

Long Term Care

Level I 1 week

Level II 10 days

plus 140 hours

Critical care

Level I 160 hours

Level II 487 hours

Critical care	Level 1	4 weeks
Emergency	Self-directed	420 hours
	Guided	480 hours
Obstetrics		160 hours
	plus clinical integrated with theory	
Neonatal intensive care		247½ hours
Perinatal	Level 1	302½ hours
	Level II	
Pediatrics		200 hours
Operating Room	Level I	laboratory
	Level II	223 hours
Operating room		346 hours

CONCEPTUAL BASIS FOR CONTENT

The conceptual basis for content has been determined by reviewing the topics identified in the course outline.

UBC Psychiatric Nursing

UBC Model - Basic human needs, behavioral concepts
 Therapeutic perspective of communication
 Roles
 Psychiatric models
 Specific medical diagnoses and treatments
 Growth and development

UBC Long Term Care

UBC Model - basic human needs behavioral concepts
 Therapeutic perspective of communication
 Roles
 Management theory, organizational behavior, change

UBC Critical Care

Body systems
 Medical diagnoses and treatment

VCC Critical Care

Body systems

Medical diagnoses and treatment

Douglas Emergency

Medical model of diagnosis and treatment

Roles

Situation responsive

Body systems

Camosun Obstetrics

Stress adaptation model

VCC Neonatal Intensive Care

Body systems

Situation responsive

VCC Perinatal

CNAT's Model

Roles

Development

Lifestyle

Unanticipated events

VCC Pediatrics

CNAT's Model

Roles

Lifestyle

Development

Basic human needs

Unanticipated events

BCIT Operating Room

Role

Situation responsive

Specific medical procedure

St. Paul's Operating Room

Role

Specific medical procedure

Douglas Occupational Health**Role**

Situation responsive

Therapeutic and facilitative communication

Body system

Organization management

CNC Rural Hospital Nursing**Role**

Specific medical diagnoses and treatments

CONTENT AREAS WHICH APPEAR TO BE INTEGRAL TO ADVANCED CLINICAL PRACTICE**Communication**

This includes communication with patient, family and co-workers, written communication, verbal and non-verbal.

Behavioral Concepts

Stress, loss, grief, anxiety, crisis reaction, coping - these concepts appear in the majority of the programs. They are either specified directly or interventions are taught relative to the concept.

Anatomy, Physiology, Pathophysiology

An in-depth knowledge of these three areas appears to be required for each of the clinical specialty programs. Each of the programs appears to require a basic overall understanding of the subject area plus a particular emphasis which arises from the most commonly occurring medical diagnoses in the clinical situation.

Assessment

This topic appears in all of the programs and is one of the first topics considered.

Cognitive Skill

Development of the cognitive skill of synthesizing information from a number of sources into a body of knowledge useful for nursing practice appears as an objective in many programs and is undoubtedly an outcome which occurs in part as a result of clinical practice.

Thinking From a Nursing Perspective

This may be accomplished with the use of a nursing model. However to do so the nursing model must be used to derive the content of the program. This is a difficult task since many of the references used by nurses are not written from such a point of view. Also many practitioners in the field do not operate from such a perspective, so there is a lack of suitable role models for students. From an education point of view the programs would be much more efficient.

Concepts Related to the Efficient Operation of an Organization

These include an understanding of organizations and how they achieve their goals, management, leadership and aspects of role theory. Mechanisms for introducing change in an organization are also included.

Professionalism

The advanced clinical practitioner is expected to exhibit certain characteristics associated with professional practice. These included accountability, responsibility, ethical behavior, self-evaluation, continued learning, co-operating and collaboration. Also addressed in the programs are the legal implications of nursing action and the legal and ethical rights of the patient.

Family

The requirement to know about the family is referred to in a variety of ways. Most commonly identified is the families reaction or the effect on the family of the particular illness trajectory. Little of family theory is included in most basic programs.

Culture

Culture is referred to as something which affects patient behavior and about which the nurse should be cognizant. However, the requirements of the interface of culture and nursing knowledge have not been clearly conceptualized.

Teaching

The requirement for the nurse to have skills related to teaching is a component of each program. The teaching function should be differ-

entiated from information sharing, communication, counselling and guidance.

Psychomotor Skills

Each program has identified psychomotor skills which are pertinent to the specific setting. Many of these are in fact skills which are required of all advanced clinical practitioners, although the requirement to use them may occur more frequently in some clinical settings than in others. Some are specific to a particular setting or are basic skills adapted to a particular setting.

Developmental Changes

The requirement for an in-depth knowledge relative to specific age groups arises from the particular setting. However the cognitive skill of synthesizing knowledge and applying it to nursing practice appears to be an essential component of advanced clinical practice.

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